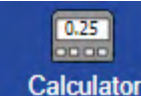
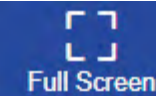




A 2-month-old girl is brought to the office for a well-child visit. The patient was born at term with no complications. She is exclusively formula fed and gaining weight well. Examination is unremarkable today. The mother is informed that several vaccinations are due at this visit. She becomes upset and mentions that her older son, who did follow a standard vaccine schedule, had a "bad reaction" to his last set of shots and had a cough for weeks. She wants to defer immunizations for her daughter at this time. The mother says, "I know you won't agree with me, but I have been reading that these reactions are actually very harmful to the immune system." Which of the following is the most appropriate response?




- ☐ A. "I understand your concern, and I believe that ensuring your children's health and safety is our shared goal."
- ☐ B. "I want to reassure you that immunizations are safe, and we should proceed with vaccination today."
- ☐ C. "I would like to provide you with a list of resources on vaccine safety so you can make the best decision for your child."
- ☐ D. "I'm sorry that this is a stressful topic. Let's talk about this again at the next visit."
- ☐ E. "This must be hard. I know you are concerned about vaccine side effects, but the risk of vaccine-preventable disease is far greater."



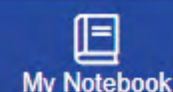


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- ✓ ☐ A. "I understand your concern, and I believe that ensuring your children's health and safety is our shared goal." (57%)
- ✗ ☒ B. "I want to reassure you that immunizations are safe, and we should proceed with vaccination today." (0%)
- ☐ C. "I would like to provide you with a list of resources on vaccine safety so you can make the best decision for your child." (16%)
- ☐ D. "I'm sorry that this is a stressful topic. Let's talk about this again at the next visit." (0%)
- ☐ E. "This must be hard. I know you are concerned about vaccine side effects, but the risk of vaccine-preventable disease is far greater." (24%)

IncorrectCorrect answer
A 57%
Answered correctly 49 secs
Time Spent 2023
Version

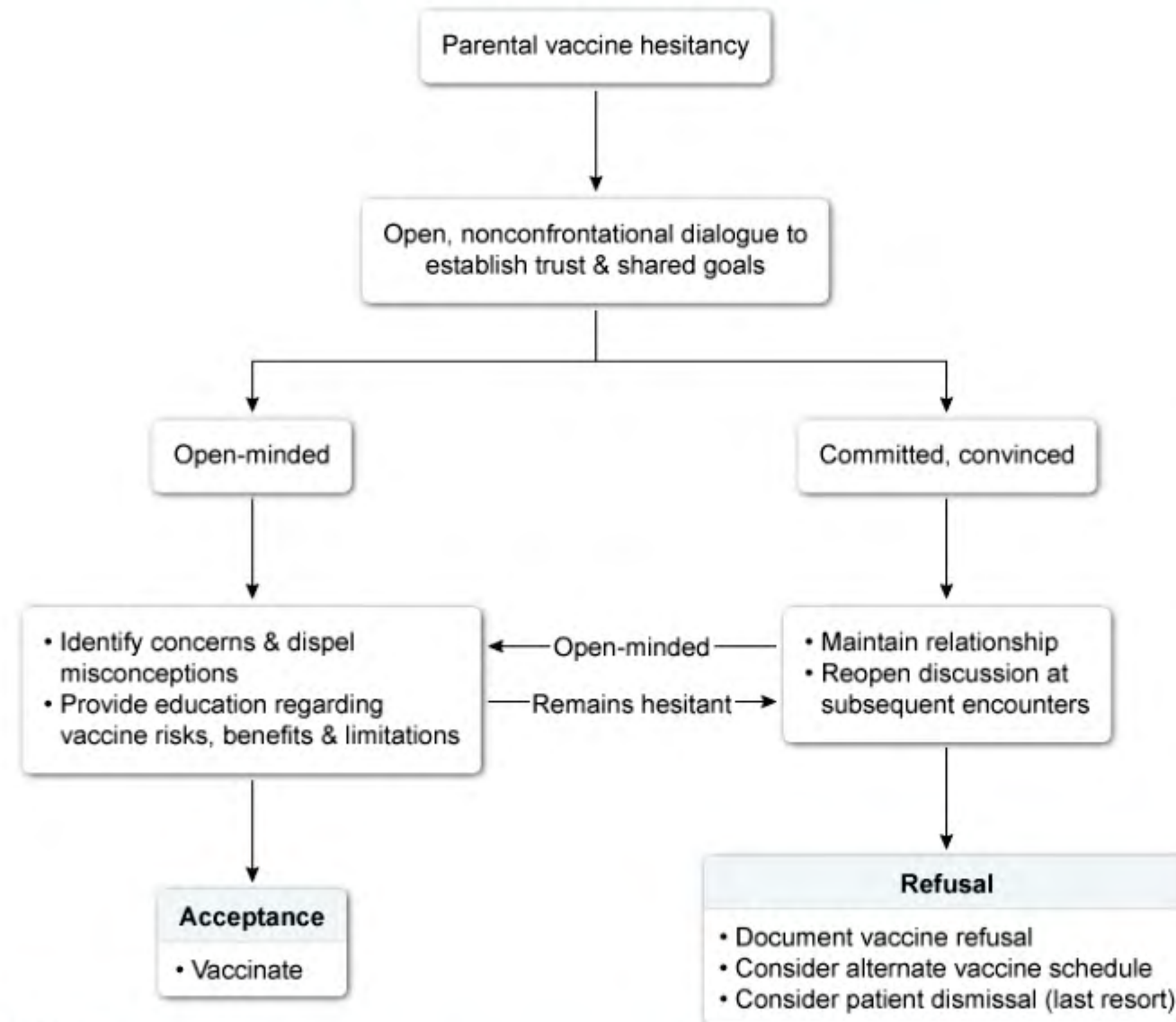
Explanation



vaccine-preventable disease is far greater.

Exhibit Display

Approach to vaccine hesitancy



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Zoom In Zoom Out Reset New Existing My Notebook



Vaccine hesitancy is the delay or refusal of immunization. Reasons typically include safety concerns, desire to express autonomy, distrust of medicine, or ethical/religious beliefs. Some parents also believe that natural infection is benign and/or the risk of infection is too low to warrant preventive measures. However, vaccination is critical on an individual and community level to decrease the incidence and severity of vaccine-preventable illness.

The first step in approaching parents who are vaccine-hesitant is to initiate an open and **nonconfrontational dialogue**. The conversation should include:

- relaying the **shared goal** of the parent and provider, which is the **child's health and safety**.
- **acknowledging the parent's concern** as well as the accessibility to vast amounts of vaccine information, both evidence-based and not, that can be overwhelming and confusing.
- **dispelling specific misconceptions**. For example, this patient's mother is concerned that vaccines can be harmful to the immune system, whereas vaccines in fact elicit an immune response to protect from future infection. In addition, some reported symptoms postvaccination (eg, prolonged cough) are often incorrectly attributed to the vaccination but are more likely secondary to a concomitant illness.
- explaining the risks, benefits, and limitations of vaccinations.

In this case, the first step is to establish trust by acknowledging the parent's concern and recognizing a common goal, the well-being of the child.

(Choice B) Although proceeding with vaccination is the objective, this mother has expressed specific concerns that should be addressed first.

(Choice C) Providing a list of evidence-based resources helps educate parents and is recommended when discussing immunizations. However, active dialogue with this parent who is vaccine-hesitant should be pursued first to discuss and correct misinformation.

(Choice D) Reopening the conversation at visits after initial refusal is critical because up to half of vaccine-





both evidence-based and not, that can be overwhelming and confusing.

- **dispelling specific misconceptions.** For example, this patient's mother is concerned that vaccines can be harmful to the immune system, whereas vaccines in fact elicit an immune response to protect from future infection. In addition, some reported symptoms postvaccination (eg, prolonged cough) are often incorrectly attributed to the vaccination but are more likely secondary to a concomitant illness.
- explaining the risks, benefits, and limitations of vaccinations.

In this case, the first step is to establish trust by acknowledging the parent's concern and recognizing a common goal, the well-being of the child.

(Choice B) Although proceeding with vaccination is the objective, this mother has expressed specific concerns that should be addressed first.

(Choice C) Providing a list of evidence-based resources helps educate parents and is recommended when discussing immunizations. However, active dialogue with this parent who is vaccine-hesitant should be pursued first to discuss and correct misinformation.

(Choice D) Reopening the conversation at visits after initial refusal is critical because up to half of vaccine-hesitant parents ultimately choose to vaccinate. However, every opportunity for open dialogue should be taken rather than immediately deferring the conversation to a later time.

(Choice E) Discussing the risks of natural infection is essential in addressing vaccine benefits. However, this mother may perceive her fears about vaccination to be valid if the provider does not dispel her inaccurate beliefs but instead focuses only on the risks of natural infection.

Educational objective:

The first step in approaching parents who are vaccine-hesitant is to initiate an open dialogue that begins with the shared goal of ensuring the child's health and safety. Discussion should also acknowledge parental concerns, correct misinformation, and explain the evidence-based risks and benefits of immunization.





A frail, 93-year-old woman with mild dementia enters a nursing home due to difficulty managing on her own. She has recently had several falls, including one during the night while getting out of bed to use the bathroom. The patient attributes this fall to "clumsiness." Syncope workup is unremarkable for any abnormalities. She has a medical history of hypertension, osteoarthritis, depression, and anxiety. Her medications include amlodipine, sertraline, aripiprazole, and amitriptyline. Which of the following is the most effective strategy for decreasing this patient's fall risk?

- ☐ A. Bed rails
- ☐ B. Cane
- ☐ C. Medication review
- ☐ D. Soft restraints
- ☐ E. Walker

Submit





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- ☐ A. Bed rails (3%)
- ☒ B. Cane (0%)
- ☐ C. Medication review (79%)
- ☐ D. Soft restraints (0%)
- ☐ E. Walker (15%)

IncorrectCorrect answer
C79%
Answered correctly04 secs
Time Spent2023
Version

Explanation

This patient has multiple risk factors for falls, including **advanced age**, arthritis, prior history of falls, cognitive impairment, and use of **multiple medications** associated with **increased risk of falling** (ie, psychotropic and cardiovascular drugs). Medication use is one of the most **modifiable** risk factors for falls.

Psychotropic drugs, including antipsychotics such as aripiprazole; antidepressants, such as sertraline and amitriptyline; and benzodiazepines are most commonly associated with increased fall risk. **Cardiovascular drugs**



Explanation

This patient has multiple risk factors for falls, including **advanced age**, arthritis, prior history of falls, cognitive impairment, and use of **multiple medications** associated with **increased risk of falling** (ie, psychotropic and cardiovascular drugs). Medication use is one of the most **modifiable** risk factors for falls.

Psychotropic drugs, including antipsychotics such as aripiprazole; antidepressants, such as sertraline and amitriptyline; and benzodiazepines are most commonly associated with increased fall risk. **Cardiovascular drugs** that reduce circulating blood volume or blood pressure such as calcium channel blockers (eg, amlodipine), beta blockers, and diuretics are also associated with falls. The patient should undergo a **medication review** with the goal of finding the lowest effective dose, eliminating unnecessary medications, and/or switching to those associated with a lower fall risk.

(Choices A and D) Bed rails and soft physical restraints have not been shown to reduce falls in long-term care facilities. Some studies indicate a slightly increased risk of falls and injury in nursing home patients who are physically restrained.

(Choices B and E) Assistive devices such as canes and walkers are often used to improve mobility in patients with gait or balance disturbances. However, there is a lack of evidence regarding their efficacy in preventing falls (they may impair compensatory stepping reactions that help with balance recovery).

Educational objective:

Falls are a common problem in elderly nursing home patients. Optimal management includes a careful medication review with the goal of limiting the use of agents associated with increased fall risk.

References

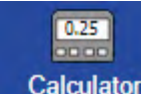
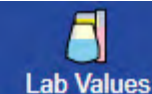
- [Medication-related falls in the elderly: causative factors and preventive strategies.](#)
- [Medication-related falls in the elderly: mechanisms and prevention strategies.](#)



A 49-year-old man comes to the office due to dysuria and hematuria. Vital signs are within normal limits and physical examination is unremarkable; urinalysis shows gross hematuria but is otherwise normal. The physician discusses potential causes and the need for a cystoscopy. The patient is told what to expect during the procedure and is given written information and a referral list with instructions on how to schedule an appointment with a urologist. He anxiously glances over the papers, saying he will make an appointment soon. Office staff had informed the physician that the patient was unable to follow the directions on the sign-in sheet and declined to fill out paperwork. Which of the following physician responses is the most appropriate at this time?

- ☐ A. "I'd like to ask you some questions about your background; could you tell me how far you got in school?"
- ☐ B. "I'm concerned about your ability to read and fill out forms; have you always had trouble with this?"
- ☐ C. "Sometimes patients have difficulty making appointments; could you please read the instructions out loud?"
- ☐ D. "The forms you get before an appointment help me do a thorough evaluation; could you fill them out next time?"
- ☐ E. "We've discussed a lot of information today; how confident are you with scheduling an appointment for yourself?"





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- ☐ A. "I'd like to ask you some questions about your background; could you tell me how far you got in school?" (8%)
- ☒ B. "I'm concerned about your ability to read and fill out forms; have you always had trouble with this?" (5%)
- ☐ C. "Sometimes patients have difficulty making appointments; could you please read the instructions out loud?" (15%)
- ☐ D. "The forms you get before an appointment help me do a thorough evaluation; could you fill them out next time?" (3%)
- ☐ E. "We've discussed a lot of information today; how confident are you with scheduling an appointment for yourself?" (67%)

Incorrect

Correct answer

E



67%

Answered correctly



05 secs

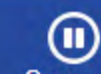
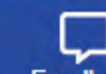
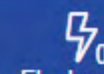
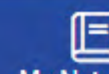
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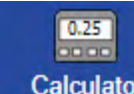
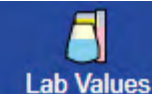
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Explanation

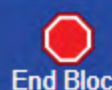
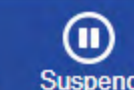
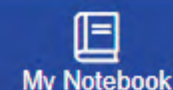


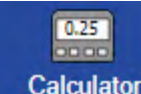
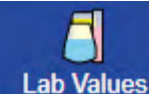
- Health literacy in primary care practice



An 86-year-old woman with Alzheimer disease is brought to the emergency department by her son due to worsening cough and fatigue; she is found to have pneumonia. The physician explains the diagnosis and treatment plan, including hospitalization for intravenous antibiotics. The patient replies, "I'd prefer to leave. I'm more comfortable at home." She asks to be discharged with oral antibiotics. The physician explains that intravenous antibiotics are preferred and that the risks of worsening infection may include sepsis and death. The patient appreciates the risks involved and says, "I will come back to the hospital if I feel worse; I just don't like to stay in the hospital." The patient is widowed and lives with her son, who insists that she stay in the hospital for treatment. He reports that his mother has been increasingly forgetful and has gotten lost several times while walking in the neighborhood. On mental status examination, the patient is alert and oriented. Mini-Mental State Examination score is 24, indicating mild cognitive impairment. Which of the following is the most appropriate next step in the management of this patient?

- ☐ A. Consult the hospital ethics committee to help mediate the discussion
- ☐ B. Follow the son's wishes because he is acting in the patient's best interest
- ☐ C. Follow the son's wishes because he is the next of kin surrogate decision maker
- ☐ D. Obtain a second physician opinion to determine the patient's decision-making capacity
- ☐ E. Respect the patient's wishes because she has capacity to make her own decisions

Submit






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- ☐ A. Consult the hospital ethics committee to help mediate the discussion (8%)
- ✗ ☒ B. Follow the son's wishes because he is acting in the patient's best interest (1%)
- ☐ C. Follow the son's wishes because he is the next of kin surrogate decision maker (19%)
- ☐ D. Obtain a second physician opinion to determine the patient's decision-making capacity (13%)
- ✓ ☐ E. Respect the patient's wishes because she has capacity to make her own decisions (57%)

Incorrect

Correct answer

E

 57%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation



Assessment of decision-making capacity	
Criterion	Patient task
Communicates a choice	Patient able to clearly indicate preferred treatment option
Understands information provided	Patient understands condition & treatment options
Appreciates consequences	Patient acknowledges having condition & likely consequences of treatment options, including no treatment
Rationale given for decision	Patient able to weigh risks & benefits & offer reasons for decision

Patients with decision-making capacity have the **right to refuse treatment** based on the ethical principle of **autonomy**. Although this patient has Alzheimer disease (AD), her cognitive impairment is mild (ie, Mini-Mental State Examination score of 24), and she **meets the 4 requisite criteria** for decisional capacity: ability to communicate her choice, understand her medical condition, appreciate the potential consequences of her decision, and provide a rationale for her decision (eg, being more comfortable at home).

Patients with AD who have only **mild cognitive impairment** often **retain decision-making capacity**; a diagnosis of AD by itself is not a reason to assume the patient lacks capacity to give consent or refuse treatment. Conditions that may impair capacity include delirium, moderate to severe cognitive impairment, psychosis, and severe depression.

(Choices A and D) This patient has demonstrated capacity to make the decision to be treated at home with oral antibiotics, and her autonomy should be respected. Consulting the hospital ethics committee is reserved for complex situations and disputes (eg, family members unable to agree on a decision for an incapacitated patient). A second physician opinion to assess decision-making capacity is not necessary.

(Choices B and C) The right to refuse treatment in a patient with intact decision-making capacity overrules any

Rationale given for decision	Patient able to weigh risks & benefits & offer reasons for decision
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(Choices B and C) The right to refuse treatment in a patient with intact decision-making capacity overrules any family member's preference. The son, as **next of kin**, would serve as surrogate decision maker only if the patient lacked capacity and there was no advance directive to guide care.

Educational objective:

The capacity to refuse treatment requires the ability to express a choice, understand the relevant medical information, appreciate the potential consequences of treatment options, and offer a rationale for the decision. Patients with Alzheimer disease in the mildly affected range often retain decision-making capacity.

References

- [Assessment of healthcare decision-making capacity.](#)

Rationale given for decision

Patient able to weigh risks & benefits & offer reasons for decision

Exhibit Display

Next-of-kin surrogate decision maker	
Patient selection	<ul style="list-style-type: none">• Inability to communicate wishes regarding medical decision-making• Advance directive not available or applicable• No previously designated surrogate decision maker
Surrogate selection	<ul style="list-style-type: none">• Priority to patient's spouse• Alternate: adult children, parents, adult siblings, other family members
Implementation	<ul style="list-style-type: none">• Substituted judgment: what the patient, not family, would have wanted• Decisions in the patient's best interest

⚡ New | ⚡ Existing | 📄 My Notebook

- Assessment of healthcare decision-making capacity.

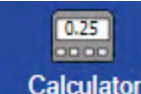
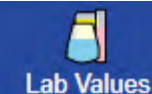
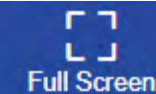


A 28-year-old woman comes to the gynecologist, who has provided routine care for the patient over the past 10 years. The patient has not menstruated for over 2 months and had a positive home pregnancy test last week. Although she hopes to have children in the future, she has been under a lot of stress lately and says that caring for a child is the last thing she needs right now. A pelvic ultrasound confirms an intrauterine pregnancy at 7 weeks gestation, and the patient requests that the gynecologist terminate the pregnancy as soon as possible. The gynecologist does not perform abortions on moral grounds but does have training in the procedure. Which of the following is the most appropriate course of action?

- ☐ A. Agree to perform the abortion because the procedure is within the physician's scope of training and there is a duty to provide care in a timely manner.
- ☐ B. Discuss the risks of age-related fertility decline and encourage the patient to reconsider because she wants to have children someday.
- ☐ C. Encourage the patient to take additional time to consider alternate options for the pregnancy.
- ☐ D. Politely explain that on moral grounds, the physician is unable to perform the abortion or refer the patient for an abortion.
- ☐ E. Refer the patient to another provider who performs abortions.




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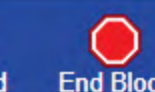
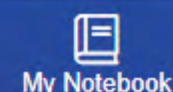
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- ☐ A. Agree to perform the abortion because the procedure is within the physician's scope of training and there is a duty to provide care in a timely manner. (4%)
- ☒ B. Discuss the risks of age-related fertility decline and encourage the patient to reconsider because she wants to have children someday. (1%)
- ☐ C. Encourage the patient to take additional time to consider alternate options for the pregnancy. (1%)
- ☐ D. Politely explain that on moral grounds, the physician is unable to perform the abortion or refer the patient for an abortion. (16%)
- ☒ E. Refer the patient to another provider who performs abortions. (75%)

IncorrectCorrect answer
E 75%
Answered correctly 05 secs
Time Spent 2023
Version

Explanation

Conscientious refusal occurs when a provider refuses to provide care because doing so would conflict with the provider's beliefs. Although following one's conscience—the part of the self that judges actions as right or wrong—



Conscientious refusal occurs when a provider refuses to provide care because doing so would conflict with the provider's beliefs. Although following one's conscience—the part of the self that judges actions as right or wrong—can lead to ethical and appropriate care, it also can conflict with professional obligations. Provider conscience does not take precedence over other **ethical principles** (eg, autonomy, justice, beneficence, nonmaleficence).

As with any procedure or treatment, the physician should have a neutral discussion regarding the procedure and alternatives. The physician should be nonjudgmental, refrain from imposing moral values, and convey **respect** for the **patient's autonomy**. If the patient decides to undergo the procedure after neutral education, she should be provided with resources that will assist in obtaining the desired service. Providers who are unable to provide care in good conscience are professionally and ethically **obligated to refer** patients in a timely fashion to other providers who can provide care.

(Choices A and D) The physician is not required to perform the procedure but is obligated to provide resources to help the patient find another provider who will perform it in a timely manner to respect the patient's autonomy.

(Choice B) Encouraging the patient to reconsider her decision is inappropriate because it imposes the physician's own judgment and values. Discussing age-related infertility risks in this situation can inadvertently place guilt or shame on the patient and should be avoided.

(Choice C) Encouraging the patient to take additional time to make a decision is not advisable because this could place her past the first trimester and increase complexity/risk to the procedure.

Educational objective:
Conscientious refusal of treatment occurs when a provider refuses to provide care due to moral conflict. Providers who cannot, in good conscience, provide treatment that a patient requests, are obligated to refer the patient in a timely fashion to another provider who can. This respects the patient's autonomy.

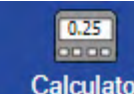
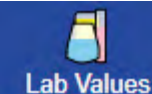
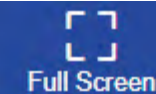


A resident physician is on her way to morning signout after her overnight shift and gets into an elevator crowded with nurses and other hospital staff members. The medical student on the team gets on the elevator and asks the resident how her shift went. During the conversation, the student is careful not to mention the patient's name, asking, "Did the patient in Room 232 get her CT scan?" Which of the following is the most appropriate response to the student?

- ☐ A. "Discussing patient information in a public setting is against hospital policy."
- ☐ B. "I have the brain scan results and can discuss them with you later."
- ☐ C. "Let me pull up the results on my phone."
- ☐ D. "Let's wait until morning signout to discuss all of the patients."
- ☐ E. "The scan is normal."
- ☐ F. "The scan was read, but ask the daytime resident about the results."




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- ☐ A. "Discussing patient information in a public setting is against hospital policy." (32%)
- ☐ B. "I have the brain scan results and can discuss them with you later." (18%)
- ☒ C. "Let me pull up the results on my phone." (0%)
- ☒ D. "Let's wait until morning signout to discuss all of the patients." (46%)
- ☐ E. "The scan is normal." (0%)
- ☐ F. "The scan was read, but ask the daytime resident about the results." (2%)

IncorrectCorrect answer
D 46%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

Physicians have an ethical responsibility to **protect patient confidentiality**, including during interactions with other healthcare team members in **public places** and non-medical settings. In situations where discussion of patient's healthcare information may be overheard, it is prudent to **avoid discussing any information** regarding potential patients. Physicians should maintain strict standards of confidentiality in any public setting, including in the presence of other health care professionals not involved in the patient's care.



Explanation

Physicians have an ethical responsibility to **protect patient confidentiality**, including during interactions with other healthcare team members in **public places** and non-medical settings. In situations where discussion of patient's healthcare information may be overheard, it is prudent to **avoid discussing any information** regarding potential patients. Physicians should maintain strict standards of confidentiality in any public setting, including in the presence of other health care professionals not involved in the patient's care.

In this case, although the medical student has not used the patient's name, the room number can easily be connected to the patient by anyone who may overhear, thereby violating the patient's privacy under the Health Insurance Portability and Accountability Act (HIPAA). The most advisable course of action is to **defer the conversation** to a more appropriate and private setting outside the elevator.

(Choice A) Although this statement is correct, publicly admonishing the student is not the best approach. Discussing the matter privately during signout is preferred.

(Choices B, C, E, and F) These responses violate patient privacy as they acknowledge that the patient received a CT scan. Disclosing information about a patient's hospital course in a public setting, even if the patient's name is not discussed, is inappropriate.

Educational objective:

Physicians must be cautious about discussing protected patient health information in public places, including public settings within the hospital, even with other medical personnel. Conversations regarding patients should be deferred to a later time when a more private setting can be arranged.

References

- [Confidentiality breaches in clinical practice: what happens in hospitals?](#)





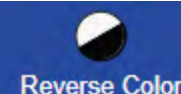
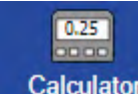
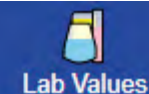
A 46-year-old man is hospitalized with diabetic ketoacidosis. He is administered intravenous fluids and an insulin drip, and laboratory testing is ordered. In the morning, the on-call physician hands off the patient to the day shift physician, who arrives an hour late due to an emergency at his nighttime moonlighting job. The handoff information includes the status of the patient and instructions to check electrolytes and calculate his anion gap.

The physician performs inpatient rounds and then sees his usual clinic outpatients in the afternoon, but he neglects to check the patient's anion gap. The patient subsequently develops worsening acidosis requiring intubation for respiratory distress. Which of the following is the most likely cause of this adverse outcome?

- ☐ A. Deficiency of knowledge
- ☐ B. Excessive patient caseload
- ☐ C. Inadequate patient handoff
- ☐ D. Judgment error
- ☐ E. Physician burnout
- ☐ F. Physician fatigue

Submit








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The physician performs inpatient rounds and then sees his usual clinic outpatients in the afternoon, but he neglects to check the patient's anion gap. The patient subsequently develops worsening acidosis requiring intubation for respiratory distress. Which of the following is the most likely cause of this adverse outcome?

- ☐ A. Deficiency of knowledge (1%)
- ☒ B. Excessive patient caseload (7%)
- ☐ C. Inadequate patient handoff (15%)
- ☐ D. Judgment error (7%)
- ☐ E. Physician burnout (11%)
- ☒ F. Physician fatigue (57%)

IncorrectCorrect answer
F 57%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

Sleep deprivation is common among physicians and can have a profound effect on patient safety. Sleep science has demonstrated "dose-dependent" effects of sleep deprivation on physician cognitive performance and risk of medical errors. Impairments in cognitive performance and motor skills typically manifest after 17 hours of



Sleep deprivation is common among physicians and can have a profound effect on patient safety. Sleep science has demonstrated "dose-dependent" effects of sleep deprivation on physician cognitive performance and risk of medical errors. Impairments in cognitive performance and motor skills typically manifest after 17 hours of wakefulness and are comparable to those seen in an alcohol-intoxicated individual. Although the Accreditation Council for Graduate Medical Education has mandated limitations on resident work hours in response to patient safety concerns, extended work hours of attending physicians are unregulated. Physicians typically do a poor job of self-regulating their workload, often underestimate their cumulative sleep debt, and minimize its impact on their clinical skills. In this scenario, the physician has been working continuously for more than 24 hours; fatigue is the most likely contributor to his forgetting to check the patient's anion gap, which resulted in the adverse outcome.

(Choices A, B, and D) There is no evidence that the physician lacks knowledge, had an excessive patient caseload, or committed an error in judgment.

(Choice C) Inadequate patient handoffs carry a high risk of medical errors. Optimal patient handoffs should include a checklist of tasks and clinical status for each patient, as occurred in this case.

(Choice E) Physician burnout refers to a state of emotional exhaustion, cynicism, depersonalization, and decreased sense of personal accomplishment that can result in suboptimal patient care and medical errors. Although sleep deprivation may contribute to burnout, there is no evidence that this physician's error was secondary to burnout, which often involves errors resulting from lack of concern or callousness toward patients rather than forgetfulness.

Educational objective:

Sleep deprivation in physicians often causes cognitive impairment, resulting in medical errors. Although mandated resident work-hour limitations are in place, it is the responsibility of all physicians to self-regulate their workloads to promote patient safety.

References



A 66-year-old woman comes to the clinic for follow-up of sarcoidosis. Over the past year, her lung function has worsened significantly, and her probability of survival at 12 months is below 50%. When the physician suggests they talk about advance care planning and appointment of a surrogate decision maker, the patient replies, "Why would I want to sign away my life on a piece of paper? The Lord will take me when the time is right." Which of the following is the most appropriate response?

- ☐ A. "Although it can be difficult, it's important that you plan for end-of-life care."
- ☐ B. "I understand that you may be scared, but this process is designed to protect you."
- ☐ C. "Participating in this process will make it easier for your family to be involved in your care."
- ☐ D. "This will help share your preferences for care if you lose the ability to communicate."
- ☐ E. "You have the right to decline. I'm available to talk if you change your mind."

Submit





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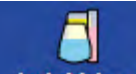
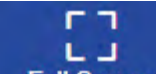
- ☐ A. "Although it can be difficult, it's important that you plan for end-of-life care." (6%)
- ☒ B. "I understand that you may be scared, but this process is designed to protect you." (16%)
- ☐ C. "Participating in this process will make it easier for your family to be involved in your care." (8%)
- ☒ D. "This will help share your preferences for care if you lose the ability to communicate." (41%)
- ☐ E. "You have the right to decline. I'm available to talk if you change your mind." (28%)

IncorrectCorrect answer
D41%
Answered correctly03 secs
Time Spent2023
Version

Explanation

Advance care planning (ACP) identifies a patient's personal preferences for health care in case of chronic, serious illness. It is a flexible, patient-centered process (ie, **prioritizes patient values**) that delineates key patient preferences that can then guide medical decision-making. The process may include (but does not necessitate) creation of legal documents, such as appointment of a surrogate decision maker who acts on the patient's behalf if the patient is **incapacitated**. ACP often begins with an informal conversation with the patient (and trusted family members, if appropriate) to explore the patient's beliefs about illness, death, and health care interventions.





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The ACP process is meant to promote patient empowerment by ensuring that patients receive care aligned with their expressed values. However, patient participation in ACP remains low (<11% of patients) and occurs even less frequently among patients who belong to ethnic minorities (eg, Hispanic, Black, Asian). Ethnic **disparities in ACP initiation** and completion may result from **distrust** of health care systems, cultural norms, misconceptions, and suboptimal physician communication.

This patient's statement indicates that she has a misconception about ACP—that she must "sign away" her life with legally binding documents. It also indicates that she values ownership over her health care decisions—a value that is in fact supported by ACP. Therefore, the physician should respond by **explaining the ACP shared goal** of patient empowerment (eg, of allowing her preferences to be shared) in simple, nonjudgmental terms. Expressing this patient-centered goal can **increase trust**, acceptability, and likelihood of patient engagement in subsequent discussions.

(Choice A) Given the patient's low probability of 12-month survival, realistic conversations about end-of-life care are important. However, this statement does not clarify the purpose of ACP and focuses on the physician's opinion more than the patient's expressed values.

(Choice B) The patient has not expressed fear, so this statement is less likely to engage her and may appear condescending. Moreover, the statement does not offer clarity on the purpose and benefits of ACP.

(Choice C) This statement alludes to only one potential outcome of ACP: participation of family members in





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(Choice B) The patient has not expressed fear, so this statement is less likely to engage her and may appear condescending. Moreover, the statement does not offer clarity on the purpose and benefits of ACP.

(Choice C) This statement alludes to only one potential outcome of ACP: participation of family members in patient care (eg, as surrogate decision makers). The primary purpose of ACP is to identify and honor the patient's wishes; it is premature to assume that the patient values or prefers family involvement.

(Choice E) If the patient continues to decline engagement, her wishes should be respected. However, the physician should first clarify potential misconceptions about ACP (eg, "sign away my life") and attempt to find common ground by highlighting the shared, patient-centered goal of ACP.

Educational objective:

Advance care planning (ACP) is the process of identifying a patient's health care goals in case of serious illness.

Patient participation in ACP is low, especially among ethnic minorities due to factors such as mistrust or suboptimal physician communication. Physicians should engage patients in ACP by first explaining its primary purpose of patient empowerment (ie, identifying patient preferences that can subsequently guide medical decision-making).

References

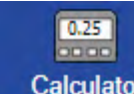
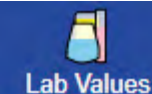




A 21-year-old man comes to the office due to recurrent ear drainage. He is accompanied by his girlfriend. He speaks in English. On examination, the patient has purulent otorrhea, a tympanic membrane perforation, and a pearly white mass behind the tympanic membrane consistent with a large cholesteatoma. He is told that he will need an operation on his ear to remove the mass. After listening to an explanation of the procedure and why it should be done, the patient nods briefly but does not ask questions. He is also given information sheets with a written description of the procedure and instructions on how to schedule surgery that he immediately hands to his girlfriend, who begins to read them. Review of the medical records shows he has been to the emergency department several times in the last year with this same concern and has not had a flu shot in the past 5 years. Which of the following is the most appropriate course of action?



- ☐ A. Ask him to schedule a follow-up appointment and bring a family member to help him make health care decisions
- ☐ B. Explain again slowly and simply what surgery entails and why it should be done
- ☐ C. Gently ask the patient to read the information sheet aloud to determine his literacy
- ☐ D. Use a visual aid to educate the patient about the procedure
- ☐ E. Verbally review instructions on how to schedule an appointment for the procedure

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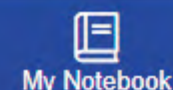
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- ☐ A. Ask him to schedule a follow-up appointment and bring a family member to help him make health care decisions (3%)
- ✗ ☒ B. Explain again slowly and simply what surgery entails and why it should be done (5%)
- ☐ C. Gently ask the patient to read the information sheet aloud to determine his literacy (18%)
- ✓ ☐ D. Use a visual aid to educate the patient about the procedure (41%)
- ☐ E. Verbally review instructions on how to schedule an appointment for the procedure (30%)

IncorrectCorrect answer
D 41%
Answered correctly 29 secs
Time Spent 2023
Version

Explanation

Low literacy



Low literacy	
Risk factors	<ul style="list-style-type: none">• Low level of completed education• History of incarceration• Low socioeconomic status• Language difference between patient & provider
Clinical clues	<ul style="list-style-type: none">• Has multiple visits for the same condition• Asks family or friends to read medical literature• Refuses to fill out paperwork
Adverse health outcomes	<ul style="list-style-type: none">• Treatment nonadherence• ↑ Hospitalizations & emergency care use

This patient's cholesteatoma requires surgical intervention; lack of definitive treatment has led to multiple emergency department visits for the same condition. During today's office visit, although the patient seeks medical care, he **does not** appear to **engage with the physician** (eg, nods briefly but asks no questions) and does not read the written health information sheets but instead hands them to his companion. This presentation raises **suspicion for low literacy**, a diminished ability to read and write.

Low literacy has been shown to correlate with many **adverse health outcomes**, including increased hospitalizations and emergency care use, decreased adult vaccinations (eg, influenza), poorer self-reported health status, and increased mortality. Low literacy may be difficult to detect because known risk factors (eg, low level of completed education, history of incarceration) may not be present. In addition, adults are often ashamed and may try to **conceal** low literacy, sometimes with apparent noncompliance or refusal to cooperate.

Screening reading tests (eg, asking the patient to read the information sheet aloud) are typically discouraged because they may induce anxiety and/or shame (**Choice C**). However, questions such as "How often do you have other people help you interpret medical documents?" or "How confident are you in filling out medical forms?" may

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(Choice A) Although adults with low literacy may require additional educational strategies (eg, visual aids) to gain appropriate understanding before making health care decisions, it should not be assumed that they lack decision-making capacity. This patient is likely a capable adult; therefore, further communication should be directed toward him rather than a family member.

(Choices B and E) Explaining the condition again or verbally reviewing instructions for scheduling the procedure is unlikely to improve the outcome because many individuals with low literacy experience challenges in both written and spoken communication. Using an alternative mode of education that includes visual learning is more likely to improve comprehension.

Educational objective:



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Educational objective:

Low literacy can be a significant barrier to appropriate treatment and may be difficult to identify. For patients with suspected low literacy, alternative methods of communication (eg, visual resources) should be used to improve understanding.

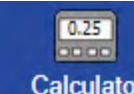
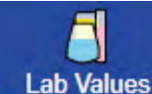
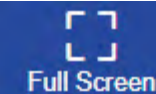




A 66-year-old, previously healthy woman is admitted to the hospital due to recurrent hemoptysis. Chest x-ray obtained in the emergency department shows a 10-cm perihilar mass in the right lung. The patient undergoes bronchoscopic biopsy, which reveals non–small cell lung cancer. When entering her room to disclose the biopsy results, the physician sees the patient eating lunch with family members and friends who have been at her bedside since admission. They all appear anxious, and the patient tearfully tells the physician, "I've been dreading this moment. I think I already know what my test results are." Which of the following responses by the physician is most appropriate?

- ☐ A. "I don't want to disturb your lunch now, let me arrange a family meeting later to share your results."
- ☐ B. "Is there anyone you would like to remain in the room while we talk about your results?"
- ☐ C. "It can be easier to hear your results from a family member. Is there someone I can talk to first?"
- ☐ D. "It's good that your family is here to support you now, because I have difficult news to share with you."
- ☐ E. "Tell me, what do you and your family members know and believe about your condition?"








A 66-year-old, previously healthy woman is admitted to the hospital due to recurrent hemoptysis. Chest x-ray obtained in the emergency department shows a 10-cm perihilar mass in the right lung. The patient undergoes bronchoscopic biopsy, which reveals non–small cell lung cancer. When entering her room to disclose the biopsy results, the physician sees the patient eating lunch with family members and friends who have been at her bedside since admission. They all appear anxious, and the patient tearfully tells the physician, "I've been dreading this moment. I think I already know what my test results are." Which of the following responses by the physician is most appropriate?

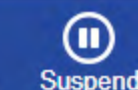
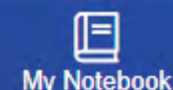
- ☐ A. "I don't want to disturb your lunch now, let me arrange a family meeting later to share your results." (7%)
- ✓ ☒ B. "Is there anyone you would like to remain in the room while we talk about your results?" (70%)
- ☐ C. "It can be easier to hear your results from a family member. Is there someone I can talk to first?" (0%)
- ☐ D. "It's good that your family is here to support you now, because I have difficult news to share with you." (2%)
- ☐ E. "Tell me, what do you and your family members know and believe about your condition?" (18%)

Correct

 70%
Answered correctly 06 secs
Time Spent 2023
Version

Explanation

When discussing serious, potentially life-threatening illness, patients commonly wish to have family and friends present for support. Having others be present may also facilitate better understanding and retention of information when patients are overwhelmed or distracted by ongoing symptoms of illness. However, **patient preferences**





Explanation

When discussing serious, potentially life-threatening illness, patients commonly wish to have family and friends present for support. Having others be present may also facilitate better understanding and retention of information when patients are overwhelmed or distracted by ongoing symptoms of illness. However, **patient preferences vary widely**, both among and within patient subpopulations (eg, elderly, minorities), regarding which (if any) companions should be present during discussion of serious illness.

Therefore, before disclosing any significant information, the physician should first determine **how the patient prefers to receive information** and **which companions should be present** during the discussion. The inquiry should be **nondirective**, avoiding assumptions and giving the patient full scope to express preferences. Care should be taken to avoid alienating involved family members, who may be central in supporting the patient's decision-making and comfort. Only when the patient's preferences are clear should significant information be disclosed.

(Choice A) Although a family meeting can be an appropriate forum to share difficult information and answer questions, the physician should first inquire as to the patient's preferences before postponing delivery of results.

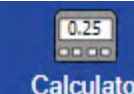
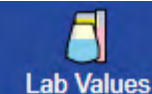
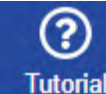
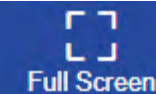
(Choice C) Some patients (eg, elderly) may express the desire for other family members to be informed first about a health condition; however, this preference should not be assumed. The physician must first discuss with the patient how she wishes to receive information.

(Choice D) This response conveys empathy but assumes that the patient prefers all her companions to remain in the room. It also reveals the results are upsetting ("difficult news").

(Choice E) When discussing test results in the presence of a patient's family and friends, reviewing what they already know before proceeding to new information is advisable. However, this statement assumes she has already given consent for her companions to be present during the discussion, which she has not.

Educational objective:





when patients are overwhelmed or distracted by ongoing symptoms of illness. However, **patient preferences vary widely**, both among and within patient subpopulations (eg, elderly, minorities), regarding which (if any) companions should be present during discussion of serious illness.

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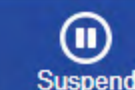
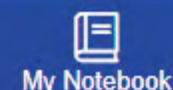
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Educational objective:

Before disclosing any significant information to patients, physicians should determine patient preferences for how to receive information and which companions should be present during the discussions. Only when patients' preferences are clear should significant information be disclosed.

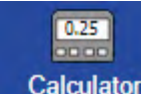
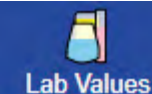




A 68-year-old man comes to the office for follow-up of type 2 diabetes mellitus, hypertension, and hyperlipidemia. The patient's diabetes and hypertension are inadequately controlled, requiring multiple modifications to his medication regimen. Extended counseling is provided regarding today's changes and the overall long-term care plan. The patient's next appointment is in a month for a routine health maintenance examination. As the physician is getting ready to leave the room at the end of the scheduled appointment time, the patient states, "Doc, my urinary stream has been slow for the past 6 months, and I've been waking up twice overnight to use the bathroom. Can we talk about this today?" Which of the following is the most appropriate response by the physician?




- ☐ A. "I can evaluate the urinary issue today, but it won't be as thorough because we have limited time."
- ☐ B. "I can't address the urinary issue today because I have many patients after you. We can discuss it at your next appointment in a month."
- ☐ C. "It is best to tell me all your concerns at the beginning of the visit so that I can better prioritize our time. At this point, the visit has ended."
- ☐ D. "It sounds like we should talk about this; however, we are out of time today. Please make another appointment so I can appropriately evaluate you."





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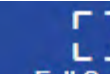
- ☐ A. "I can evaluate the urinary issue today, but it won't be as thorough because we have limited time." (23%)
- ☒ B. "I can't address the urinary issue today because I have many patients after you. We can discuss it at your next appointment in a month." (1%)
- ☐ C. "It is best to tell me all your concerns at the beginning of the visit so that I can better prioritize our time. At this point, the visit has ended." (1%)
- ☒ D. "It sounds like we should talk about this; however, we are out of time today. Please make another appointment so I can appropriately evaluate you." (73%)

IncorrectCorrect answer
D 73%
Answered correctly 10 secs
Time Spent 2023
Version

Explanation

Outpatient office schedules are typically arranged in **regular time intervals** (eg, 15-20 min) corresponding to the time needed for an average patient visit. Typically, the time interval allows the physician to evaluate **one primary**





Outpatient office schedules are typically arranged in **regular time intervals** (eg, 15-20 min) corresponding to the time needed for an average patient visit. Typically, the time interval allows the physician to evaluate **one primary objective**, either evaluating a new problem or following up on well-known chronic conditions.

Sometimes, patients raise **unexpected concerns** that require additional time beyond what is allotted for their appointments; evaluation of this patient's urinary symptoms would extend his appointment, which has already been spent addressing his chronic conditions. Extending the appointment without having adequate time would make **subsequent patient visits late** and can lead to **rushed and incomplete assessments** (for this and/or subsequent patients), potentially resulting in misdiagnosis, mismanagement, or poor patient-physician communication (**Choice A**).

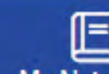
Therefore, physicians should generally direct the patient with an unexpected concern to **schedule another appointment** to address it; doing so allows the physician to fully address the concern without causing delays in subsequent appointments. However, when the unexpected concern is urgent or likely **serious** (eg, shortness of breath), it should be addressed **immediately**, and subsequent patients should be informed of the delay.

(Choice B) This patient has a health maintenance examination (ie, routine physical) in a month. Evaluating new concerns in the time allotted for preventive care is usually not recommended because it may impact the quality of care for preventive services. Instead, a dedicated appointment should be scheduled.

(Choice C) Querying the patient at the beginning of the visit regarding any unexpected concerns can help the physician prioritize the discussion. However, the patient should not be dismissed at the end of the appointment without making arrangements to address his concerns properly.

Educational objective:

When a patient raises an unexpected concern during an office appointment and adequate time has not been allotted to evaluate it, the physician should generally ask the patient to schedule an appointment at a later date to address that concern.

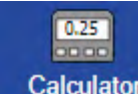
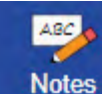
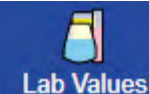
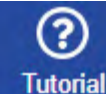




A 23-year-old graduate student comes to the emergency department after being sexually assaulted by a man she met at a bar 5 days ago. The night of the incident, the patient recalls a man introducing himself and handing her a drink. Shortly afterward, she left with him and walked to her apartment, but she is unable to remember the remainder of the night. The following morning, the patient awoke to an empty apartment, and her clothes were strewn across the floor. She felt panicky and decided to take a shower to calm down. The patient mentions that she decided to come in for evaluation after talking to campus crisis services earlier today. She states she has not reported the incident to the authorities due to her hazy memory. Which of the following is the most appropriate initial statement by the physician?



- ☐ A. "Deciding to get an evaluation takes courage; we should perform a pelvic examination today given the circumstances."
- ☐ B. "I'm sorry that this happened to you; have you taken any emergency contraception?"
- ☐ C. "It must be difficult talking about what happened; have you been experiencing any nightmares or flashbacks?"
- ☐ D. "It's important that you feel safe here; please let me know if you need to stop or take a break at any point."
- ☐ E. "You didn't do anything to deserve this; it's normal to forget details after a trauma and shouldn't prevent you from filing a police report."

Submit



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- ☐ A. "Deciding to get an evaluation takes courage; we should perform a pelvic examination today given the circumstances." (2%)
- ☒ B. "I'm sorry that this happened to you; have you taken any emergency contraception?" (3%)
- ☐ C. "It must be difficult talking about what happened; have you been experiencing any nightmares or flashbacks?" (2%)
- ☒ D. "It's important that you feel safe here; please let me know if you need to stop or take a break at any point." (82%)
- ☐ E. "You didn't do anything to deserve this; it's normal to forget details after a trauma and shouldn't prevent you from filing a police report." (9%)

IncorrectCorrect answer
D 82%
Answered correctly 34 secs
Time Spent 2023
Version

Explanation





Explanation

This patient has experienced **sexual assault**. Many patients who have been sexually assaulted do not seek medical attention. This hesitancy is typically due to fear of judgment with **disclosure**. Because physicians are often the first line of support for survivors of sexual assault, their response to the disclosure has a significant impact on patient comfort during the conversation and examination.

The initial statement made after a patient discloses sexual assault should be **supportive**, nonjudgmental, and patient centered, with emphasis on **promoting safety and trust** (eg, "it's important that you feel safe here"). Because sexual assault can make the survivor feel powerless (loss of control), the opening statement should also **empower patients** by allowing them to guide the evaluation and **set the pacing** (eg, "please let me know if you need to stop or take a break at any point."). Direct questioning about the assault and its effects, which can be perceived as threatening or result in flashbacks and retraumatization, should be avoided initially **(Choice C)**.

(Choice A) Although a pelvic examination may be indicated (eg, forensic evidence collection, sexually transmitted disease testing), it should not be the focus of the initial statement after patients make a vulnerable disclosure of sexual assault. Adequate time should be spent reassuring safety and allowing patients to direct the pacing of the evaluation. In contrast, recommending that patients undergo a pelvic examination without first setting them at ease and discussing the indications and benefits may lead to retraumatization.

(Choice B) Emergency contraception is important to address following sexual assault; however, it should be discussed with the patient after establishing rapport, performing the examination, and obtaining appropriate testing (eg, urine pregnancy test).

(Choice E) Although trauma can affect memory, the most likely cause of this patient's hazy memory is the assailant's use of a mind-altering drug. In addition, the statement is dismissive of the patient's reason to not file a police report, and it may make her feel pressured to involve the police or feel guilty if she chooses not to.

Educational objective:





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Educational objective:

Physicians are often the first line of support for survivors of sexual assault. Disclosure of sexual assault should be met with supportive, nonjudgmental, and patient-centered statements. Patients are encouraged to set the pacing of the evaluation.

References

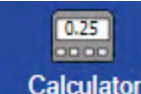
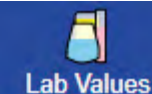
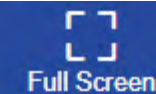




A 46-year-old man comes to the emergency department with chest pain that began 30 minutes ago. The patient describes the pain as a tight, squeezing sensation that radiates to the left arm. He also has increased sweating and nausea. ECG shows multi-lead ST-segment elevation, and cardiac troponin levels are high. The patient has a history of alcohol and cocaine abuse, but no history of cardiac disease. He undergoes emergency cardiac catheterization and is recovering appropriately in the postanesthetic care unit. The physician is approached by a distraught woman who says she is the patient's wife and asks about his condition. She says, "I am so worried; please tell me if my husband is okay." Which of the following is the most appropriate course of action?




- ☐ A. Discuss the patient's medical information with the woman due to the seriousness of his condition
- ☐ B. Discuss the patient's status with the woman only if she has appropriate identification
- ☐ C. Explain to the woman that no information can be disclosed without the patient's permission
- ☐ D. Explain to the woman that the patient's status cannot be disclosed as there is no way to be sure she is his spouse
- ☐ E. Tell the woman that the patient is stable, but that further details will have to wait until the patient can give permission

Submit



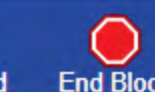
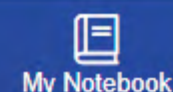
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- ☐ A. Discuss the patient's medical information with the woman due to the seriousness of his condition (1%)
- ✗ ☒ B. Discuss the patient's status with the woman only if she has appropriate identification (7%)
- ☐ C. Explain to the woman that no information can be disclosed without the patient's permission (22%)
- ☐ D. Explain to the woman that the patient's status cannot be disclosed as there is no way to be sure she is his spouse (1%)
- ✓ ☐ E. Tell the woman that the patient is stable, but that further details will have to wait until the patient can give permission (67%)

IncorrectCorrect answer
E 67%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

While this patient is undergoing emergency treatment for acute myocardial infarction, a woman who claims to be his wife arrives at the hospital and asks about his medical condition. The Health Insurance Portability and Accountability Act (**HIPAA**) is designed to **protect patient privacy**. This **requires** the patient's explicit **consent** (or





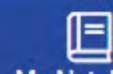
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When the patient is **incapacitated** or is not present, **basic information can be shared** if, in the physician's professional judgment, doing so is in the patient's **best interest**. In this case, there is no way of knowing for sure whether informing this woman (whether she is his wife or not) is in the patient's best interest. However, the woman is distressed, and leaving her to worry for an extended period while the patient is recovering could cause the patient emotional harm if she is indeed family. The best approach to protect the patient's privacy is to explain that he is stable, but that further information (including general diagnostic and treatment information) cannot be shared until he is asked for and provides consent.

(Choice A) This discussion would violate the patient's privacy.

(Choices B and D) This patient has not given permission to release information to the presumed wife, even if she provides identification or marital status is confirmed. For instance, the patient could be undergoing a contentious divorce and not want any information released to his wife. HIPAA does not require proof of identity if the patient has given permission to share information.

(Choice C) Providing minimal information that the patient is "stable" would be appropriate. This response protects the patient's privacy by not revealing the diagnosis or other medical details, but also limits emotional harm to the patient by informing those who are likely to be family about the patient's condition. If permission to share information is obtained later, the physician should ask the patient whether he prefers that potentially sensitive details be omitted (eg, if the myocardial infarction was due to cocaine use and the patient did not want this revealed).





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Educational objective:

Under the Health Insurance Portability and Accountability Act, physicians may disclose patient information to friends and family members in emergency situations or when the patient is otherwise incapacitated, depending on what is in the best interest of the patient. Otherwise, patient information may be disclosed only when the patient gives explicit permission or does not object when given a reasonable opportunity.

References





The following vignette applies to the next 2 items.

Item 1 of 2

An 82-year-old man with a history of advanced Alzheimer dementia is brought to the hospital by his daughter, who is his power of attorney and caregiver. She says that her father is increasingly confused and verbally aggressive. He is admitted to the hospital and found to have a urinary tract infection. Intravenous antibiotics are initiated and he appears less disoriented and agitated but remains unable to recall nursing instructions throughout the day and is fairly nonverbal. Three days into his treatment, the antibiotic order expires and is missed by the physician, nurses, and pharmacy staff. The patient receives no medication for 2 days before the error is noted and corrected. There are no consequences to this error other than extension of his hospital stay by 2 days. Which of the following is the most appropriate course of action?

- ☐ A. Do not disclose the error as the patient was not harmed
- ☐ B. Do not disclose the error but arrange for the hospital to not charge for the extra days
- ☐ C. Inform the daughter and disclose the error with an apology
- ☐ D. Inform the patient and disclose the error with an apology
- ☐ E. Say nothing until the incident is discussed with nursing and pharmacy staff

Submit



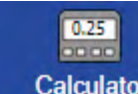
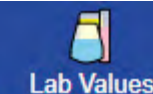


Item 2 of 2

Over the next several months, there are more cases in which expired medications fail to be renewed. Finally, a patient on intravenous dobutamine for decompensated heart failure does not receive the medication for 6 hours and experiences worsening of her condition, with resulting hypotensive shock. Hospital administration convenes a committee to address this incident. Which of the following is the most appropriate next step in addressing this problem?

- ☐ A. Create an alert system in the electronic medical record to notify physicians when orders expire
- ☐ B. Have a second pharmacist double-check expired orders
- ☐ C. Increase the hospital's risk management staffing
- ☐ D. Interview pharmacy, nursing, and medical staff on the units where this occurred
- ☐ E. Interview the patients who experienced adverse outcomes from these medication errors





The following vignette applies to the next 2 items.


Item 1 of 2


An 82-year-old man with a history of advanced Alzheimer dementia is brought to the hospital by his daughter, who is his power of attorney and caregiver. She says that her father is increasingly confused and verbally aggressive. He is admitted to the hospital and found to have a urinary tract infection. Intravenous antibiotics are initiated and he appears less disoriented and agitated but remains unable to recall nursing instructions throughout the day and is fairly nonverbal. Three days into his treatment, the antibiotic order expires and is missed by the physician, nurses, and pharmacy staff. The patient receives no medication for 2 days before the error is noted and corrected. There are no consequences to this error other than extension of his hospital stay by 2 days. Which of the following is the most appropriate course of action?


- ☐ A. Do not disclose the error as the patient was not harmed (0%)
- ☒ B. Do not disclose the error but arrange for the hospital to not charge for the extra days (0%)
- ☐ C. Inform the daughter and disclose the error with an apology (88%)
- ☐ D. Inform the patient and disclose the error with an apology (8%)
- ☐ E. Say nothing until the incident is discussed with nursing and pharmacy staff (2%)

Incorrect

Correct answer
C

 88%
Answered correctly

 06 secs
Time Spent

 2023
Version

Explanation





Medication errors play a major role in patient morbidity and mortality, particularly in the hospital setting. These errors may be caused by health care professionals (eg, errors in entering medication, failure to renew medication), factors related to the medication (eg, similar names, narrow therapeutic window), and factors related to the patient (eg, poor renal function, polypharmacy). Quality improvement measures such as checklists or medication reconciliation attempt to minimize these preventable errors.

It is often challenging for physicians to disclose when medication errors have occurred, particularly when no serious harm has come to the patient. Reasons for this reluctance may include fear of litigation or loss of patient trust and confidence. However, full disclosure of medical errors should occur in a timely manner and has been associated with a neutral-to-positive effect on patient response and the physician-patient relationship. When an error is noted, **disclosure should be provided in person, in a timely manner that includes an apology for what occurred**. Because this patient's altered mental status and advanced dementia prevent him from being able to understand what occurred, it would be more appropriate for the physician to disclose the error to his daughter **(Choice D)**.

(Choice A) Although the patient was not harmed physically, extra days in the hospital certainly expose him to greater financial risk and to hospital-acquired infection. It would not be advisable to withhold this information.

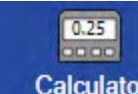
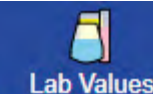
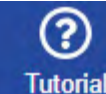
(Choice B) Although having the hospital revoke charges for the extra days would be appropriate, this does not substitute for disclosure and apology for the error.

(Choice E) Waiting to discuss the incident with pharmacy and nursing staff would be the first step if there is doubt about whether a medication error occurred. However, in this case, it is clear that the medication error did occur, making the best next step disclosure and apology for the event.

Educational objective:

Physicians should disclose medication errors and provide an apology in a timely fashion regardless of whether harm has occurred.







Item 2 of 2

Over the next several months, there are more cases in which expired medications fail to be renewed. Finally, a patient on intravenous dobutamine for decompensated heart failure does not receive the medication for 6 hours and experiences worsening of her condition, with resulting hypotensive shock. Hospital administration convenes a committee to address this incident. Which of the following is the most appropriate next step in addressing this problem?

- ☐ A. Create an alert system in the electronic medical record to notify physicians when orders expire (33%)
- ☐ B. Have a second pharmacist double-check expired orders (5%)
- ☒ C. Increase the hospital's risk management staffing (1%)
- ☐ D. Interview pharmacy, nursing, and medical staff on the units where this occurred (57%)
- ☐ E. Interview the patients who experienced adverse outcomes from these medication errors (1%)

Incorrect

Correct answer
D 57%
Answered correctly 45 secs
Time Spent 2023
Version

Explanation

Addressing medication errors promptly is important in solving recurrent problems and preventing further harm to patients. The first step of the committee should be to conduct a step-by-step analysis of what occurred and why. Typically, the best approach is to employ a **root cause analysis**, which aims to identify what, how, and why an undesirable outcome occurred.

The first step in a root cause analysis involves collecting data to obtain complete information about the event or



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The first step in a root cause analysis involves collecting data to obtain complete information about the event or events. This involves interviewing multiple staff members involved to understand why and how the adverse outcomes occurred. For example, interviews may uncover root causes such as understaffing in the pharmacy stemming from budget cuts or a hostile hierarchical culture that led nursing staff to be reluctant to point out problems to the medical staff. Only when investigators determine why an event occurred can they recommend specific corrective measures to prevent future occurrences **(Choices A and B)**.

(Choice C) Increasing the hospital's risk management staffing may improve its ability to handle potential lawsuits but would not directly address the recurrent issue of not recognizing expired medication orders.

(Choice E) Although interviewing the patients involved can sometimes yield information about the course of events, this is not typically a key step in conducting a root cause analysis. The most important step is interviewing staff members on the units where these incidents occurred.

Educational objective:

Root cause analysis is a quality improvement measure that identifies what, how, and why a preventable adverse outcome occurred. The first step involves collecting data mainly through interviewing multiple individuals involved in the steps leading to the outcome.

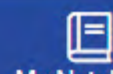
References

- [Medication errors: an overview for clinicians.](#)



A 65-year-old woman comes to the office accompanied by her husband for follow-up of hypertension. She has been prescribed a thiazide diuretic, and her dose was increased at the last visit due to poorly controlled blood pressure. At today's visit, the patient's blood pressure remains elevated. Her husband says, "I'm trying to do everything I can to get her blood pressure under control. I cook healthy food and remind her to take the medication, but I'm not sure she's taking it." The patient says, "Taking the medication is a hassle; I know my pressure has been high but I feel absolutely fine." Which of the following responses by the physician is the most appropriate?

- ☐ A. "Given your consistently elevated blood pressure, we'll have to add a second antihypertensive medication."
- ☐ B. "Let's review how to take your medication and set a reminder on your phone so that you don't forget."
- ☐ C. "Many patients find it difficult to take medication daily. What hassles have you been experiencing with taking your medication?"
- ☐ D. "We can consider switching to a different antihypertensive if you don't like the one you're on now."
- ☐ E. "Would you feel more comfortable discussing medication without your husband present?"
- ☐ F. "Your husband is correct to be concerned; what is your understanding of why controlling your blood pressure is important for your health?"



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- ☐

A. "Given your consistently elevated blood pressure, we'll have to add a second antihypertensive medication."

(0%)
- ☐

B. "Let's review how to take your medication and set a reminder on your phone so that you don't forget."

(0%)
- ☒

C. "Many patients find it difficult to take medication daily. What hassles have you been experiencing with taking your medication?"

(84%)
- ☐

D. "We can consider switching to a different antihypertensive if you don't like the one you're on now."

(0%)
- ☐


E. "Would you feel more comfortable discussing medication without your husband present?"

(5%)
- ☐

F. "Your husband is correct to be concerned; what is your understanding of why controlling your blood pressure is important for your health?"

(9%)

Correct

 84%
Answered correctly

 03 secs
Time Spent

 2023
Version

Explanation

Explanation

Nonadherence to medication is a common cause of poor clinical outcomes. Sustaining medication adherence for chronic, **asymptomatic medical conditions** (ie, "silent illnesses"), such as hypertension, is particularly difficult. This patient is likely nonadherent with medication, but her specific concerns about taking the antihypertensive are unclear. There may be multiple reasons for nonadherence, including inadequate understanding of the illness and the role of medication, complicated regimens, medication cost, side effects, illness perceptions, treatment beliefs, and psychological factors (eg, depression, anxiety, cognitive impairment, denial).

The best initial approach is to make the patient feel supported by **normalizing her difficulty** with adherence, followed by **open-ended** and **nonjudgmental exploration** of her reason(s) for nonadherence. Once an alliance is established and the specific factors are identified, the physician can more effectively intervene with a targeted intervention. Strategies to improve adherence include educating the patient; simplifying regimens; choosing generic (less costly) medications; addressing side effects and psychological issues; and increasing supervision, monitoring, and follow-up.

(Choices A and D) It would be inappropriate to recommend a change in medication or addition of a second medication without first addressing her likely nonadherence. These interventions could be considered if her blood pressure remained poorly controlled despite medication adherence.

(Choice B) Reviewing the patient's regimen and offering suggestions on how to improve adherence would be premature without first understanding the patient's perspective and exploring her specific concerns about taking her medication.

(Choice E) If the patient seemed reluctant to discuss her medication usage with her husband in the room, the physician might suggest that they speak with her husband not present. There is no evidence to suggest that this is necessary at this time.

(Choice F) Although assessing the patient's understanding of hypertension is important in providing targeted

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(Choice B) Reviewing the patient's regimen and offering suggestions on how to improve adherence would be premature without first understanding the patient's perspective and exploring her specific concerns about taking her medication.

(Choice E) If the patient seemed reluctant to discuss her medication usage with her husband in the room, the physician might suggest that they speak with her husband not present. There is no evidence to suggest that this is necessary at this time.

(Choice F) Although assessing the patient's understanding of hypertension is important in providing targeted education, this statement aligns the physician with the husband rather than with the patient. She may feel attacked, which could put her on the defensive.

Educational objective:

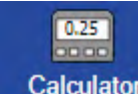
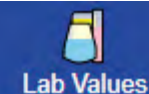
Identifying and managing nonadherence is critical to improving outcomes for many chronic conditions, including hypertension. Creating an alliance by validating the patient's perspective and using an open-ended, nonjudgmental question is the most effective way to initiate a discussion.



A 49-year-old woman is transferred from a community hospital to a tertiary care center for management of an acute exacerbation of chronic obstructive pulmonary disease. The patient receives care overnight from a hospitalist, who transfers care to the teaching service in the morning. The medical team now responsible for the patient meets with her for the first time during morning rounds. The attending physician introduces the team and explains that the patient will be interviewed by the intern. The patient then addresses the intern by his first name and mentions, "You remind me so much of my son. He's very smart and looks a lot like you." Which of the following actions by the intern would be most appropriate to begin the interview?




- ☐ A. Address the patient by her first name and ask about current symptoms
- ☐ B. Address the patient by her first name and ask if she is comfortable with that
- ☐ C. Address the patient by her surname and ask about current symptoms
- ☐ D. Greet the patient and inquire about her preferred form of address
- ☐ E. Politely ask the patient to use the title of doctor and then inquire about current symptoms





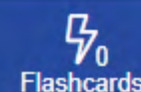
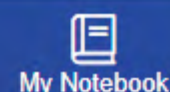
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- ☐ A. Address the patient by her first name and ask about current symptoms (0%)
- ✗ ☒ B. Address the patient by her first name and ask if she is comfortable with that (2%)
- ☐ C. Address the patient by her surname and ask about current symptoms (14%)
- ✓ ☐ D. Greet the patient and inquire about her preferred form of address (75%)
- ☐ E. Politely ask the patient to use the title of doctor and then inquire about current symptoms (6%)

IncorrectCorrect answer
D 75%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

Building a therapeutic physician-patient relationship requires finding an optimal balance between friendliness and professionalism. First impressions are important, and **initial encounters** with new patients often set the tone for the ensuing relationship. Using the patient's **preferred form of address** can help build rapport. Clarifying any uncertainties about pronunciation, titles, or pronouns is important as well. Although younger adults often prefer being called by first name, older patients may take offense at what they consider undue familiarity. When in doubt,





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As familiarity develops between the physician and patient, many patients will prefer to be addressed by first name. However, it should be the patient, not the physician, who takes the lead in lowering the level of formality. It is better to ask the patient's preference in an open-ended manner rather than make assumptions.

(Choices A and B) Although the patient has addressed the intern by his first name, it is still inappropriate to assume that she wants to be addressed by her first name. The patient's preferred form of address should be clarified first.

(Choice C) This patient has expressed positive feelings toward the intern because he reminds her of her son. Using her surname without clarifying if that is her preference shifts the tone of the interaction and may be perceived as overly formal and distant. Asking her preferred form of address would be best.

(Choice E) Initiating an interview by instructing or correcting the patient in front of the medical team, no matter how gently or politely, may embarrass the patient and result in deterioration of rapport.

Educational objective:

Initial encounters with new patients often set the tone for the physician-patient relationship. When in doubt about how to address patients, the physician should ask them their preferred form of address.

References

- [Building trust and rapport early in the new doctor-patient relationship: a longitudinal qualitative study.](#)
- [Medical communication: the views of simulated patients.](#)





A 52-year-old woman comes to the clinic to discuss the results of a recent abdominal CT scan. The patient says, "I hope the scan can tell me why I've been losing so much weight. What does it show?" The physician shares that the imaging is suggestive of pancreatic cancer. Upon hearing this, the patient begins to cry while holding her head in her hands. Which of the following is the most appropriate response by the physician?

- ☐ A. "I know this isn't the news you wanted to hear. Let's talk about the results in a bit more detail."
- ☐ B. "I wish I had better news to share with you. I imagine this is very upsetting to hear."
- ☐ C. "It's easy to feel lonely and isolated with news like this. Tell me about the people who support you during difficult times."
- ☐ D. "This must feel very shocking and unexpected. Fortunately, there have been some advances in treatment recently."
- ☐ E. "This news would be upsetting to anyone. Let's set up an appointment to discuss the next steps in a few days."

Submit



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- ⓪

A. "I know this isn't the news you wanted to hear. Let's talk about the results in a bit more detail." (11%)
- ✓⓪

B. "I wish I had better news to share with you. I imagine this is very upsetting to hear." (53%)
- ✗⓪

C. "It's easy to feel lonely and isolated with news like this. Tell me about the people who support you during difficult times." (19%)
- ⓪

D. "This must feel very shocking and unexpected. Fortunately, there have been some advances in treatment recently." (5%)
- ⓪

E. "This news would be upsetting to anyone. Let's set up an appointment to discuss the next steps in a few days." (9%)

Incorrect

Correct answer
B

📊

53%
Answered correctly

🕒

03 secs
Time Spent

📅

2023
Version

Explanation

SPIKES protocol for delivering serious news	
Set the stage	<ul style="list-style-type: none">• Arrange for a private, comfortable setting• Introduce patient/family & team members• Maintain eye contact & sit at the same level

SPIKES protocol for delivering serious news	
Set the stage	<ul style="list-style-type: none">• Arrange for a private, comfortable setting• Introduce patient/family & team members• Maintain eye contact & sit at the same level• Schedule appropriate time interval & minimize interruptions
Perception	<ul style="list-style-type: none">• Use open-ended questions to assess the patient's/family's perception of the medical situation
Invitation	<ul style="list-style-type: none">• Ask patient/family how much information they would like to know• Remain cognizant of cultural, educational & religious issues
Knowledge	<ul style="list-style-type: none">• Warn the patient/family that serious news is coming• Speak in simple & straightforward terms• Stop & check for understanding
Empathy	<ul style="list-style-type: none">• Express understanding & give support when responding to emotions
Summary & strategy	<ul style="list-style-type: none">• Summarize & create follow-through plan, including end-of-life discussions if applicable

In this case, the physician has just delivered serious news and must respond sensitively to a crying patient. The most appropriate response is to **acknowledge** the patient's **distress**, express empathy, and allow the patient **time to process** the news. The patient should be allowed to cry without redirection of the conversation or assumption about how much information she wants to know at this point. Once the patient is able to converse, the physician can gently explore her feelings and respond to any questions, allowing the patient to take the lead in the discussion (eg, ask the patient how much information she would like to know at this point).

Models have been developed to guide clinicians in delivering serious news. The **SPIKES protocol**, originally

In this case, the physician has just delivered serious news and must respond sensitively to a crying patient. The most appropriate response is to **acknowledge** the patient's **distress**, express empathy, and allow the patient **time to process** the news. The patient should be allowed to cry without redirection of the conversation or assumption about how much information she wants to know at this point. Once the patient is able to converse, the physician can gently explore her feelings and respond to any questions, allowing the patient to take the lead in the discussion (eg, ask the patient how much information she would like to know at this point).

Models have been developed to guide clinicians in delivering serious news. The **SPIKES protocol**, originally developed for cancer patients, can be adapted to conversations with patients in many situations (eg, medical futility discussion, STI results).

(Choice A) This response immediately redirects the focus of the visit to discussion of results and does not allow the patient time to process the news and express her emotions. Instead, the physician should follow the patient's lead and answer any questions that arise.

(Choice C) This response prematurely redirects the visit to discussing the patient's support system rather than allowing the patient to express her emotions and immediate needs.

(Choice D) This statement uses optimism and reassurance by changing the focus to recent advances in treatment. This may have the unintended consequence of discouraging the patient from expressing her emotions and fears about the illness. After acknowledging the patient's emotions, it is preferable to gently explore how much she wants to know about the diagnosis and treatment options at this point.

(Choice E) This response makes the inappropriate assumption that the patient is not ready or does not want to receive additional information during this visit. Instead, the patient should be allowed to express the full range of her emotions and invited to ask any questions. Depending on her response, the physician can educate her about the condition and her options.

Educational objective:

Delivering serious news requires allowing the patient time to process the information and express emotions.

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Educational objective:

Delivering serious news requires allowing the patient time to process the information and express emotions. Empathic, supportive communication should include acknowledging the patient's distress and being open to answering any questions.



A 31-year-old woman comes to the emergency department for evaluation of nausea, vomiting, and abdominal pain over the past 2 days. The triage nurse notes that the patient's legal name differs from what was written on the intake form. While reviewing the patient's electronic medical record, you see that the patient's sex is listed as male and that multiple pronouns have been used to describe the patient in prior notes. In addition to introducing yourself to the patient, which of the following is the most appropriate initial statement?

- ☐ A. "I ask all my patients about their gender identity; could you please tell me if you identify as a man or a woman?"
- ☐ B. "I like to ask my patients about the name they use and their pronouns; how would you like to be addressed?"
- ☐ C. "I'd like to make sure that I refer to you appropriately; would you prefer that I use male or female pronouns?"
- ☐ D. "I've reviewed your chart and wanted to be sure it's accurate; how would you describe your gender identity?"
- ☐ E. "To be sure I ask pertinent questions for your symptoms, could you please verify your sex assigned at birth?"

[Submit](#)



A 31-year-old woman comes to the emergency department for evaluation of nausea, vomiting, and abdominal pain over the past 2 days. The triage nurse notes that the patient's legal name differs from what was written on the intake form. While reviewing the patient's electronic medical record, you see that the patient's sex is listed as male and that multiple pronouns have been used to describe the patient in prior notes. In addition to introducing yourself to the patient, which of the following is the most appropriate initial statement?

- ☐ A. "I ask all my patients about their gender identity; could you please tell me if you identify as a man or a woman?"
- ☐ B. "I like to ask my patients about the name they use and their pronouns; how would you like to be addressed?"
- ☐ C. "I'd like to make sure that I refer to you appropriately; would you prefer that I use male or female pronouns?"
- ☐ D. "I've reviewed your chart and wanted to be sure it's accurate; how would you describe your gender identity?"
- ☐ E. "To be sure I ask pertinent questions for your symptoms, could you please verify your sex assigned at birth?"

Submit





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- ☐ A. "I ask all my patients about their gender identity; could you please tell me if you identify as a man or a woman?" (1%)
- ✓ ☒ B. "I like to ask my patients about the name they use and their pronouns; how would you like to be addressed?" (81%)
- ☐ C. "I'd like to make sure that I refer to you appropriately; would you prefer that I use male or female pronouns?" (7%)
- ☐ D. "I've reviewed your chart and wanted to be sure it's accurate; how would you describe your gender identity?" (5%)
- ☐ E. "To be sure I ask pertinent questions for your symptoms, could you please verify your sex assigned at birth?" (3%)

Correct

81%
Answered correctly24 secs
Time Spent2023
Version

Explanation

Sex is a biologic identity determined by anatomy (eg, external genitalia), chromosomes, and hormones. In contrast, **gender identity** is an internal identity that can be expressed externally (eg, clothing, behavior). Although





Sex is a biologic identity determined by anatomy (eg, external genitalia), chromosomes, and hormones. In contrast, **gender identity** is an internal identity that can be expressed externally (eg, clothing, behavior). Although biologic sex is often used to guide medical diagnosis, particularly for conditions such as abdominal pain, physicians must also recognize gender diversity to provide **culturally competent medical care** to transgender patients.

This begins with accurately identifying the patient's **preferred name and gender identifier**. Physicians should approach questions about gender identity in a **supportive and tactful** manner. Because physical attributes and self-identifiers (eg, clothing) of transgender patients may not be evident or may change over time, a tactful approach uses **open-ended questions** to elicit the patient's preferences. It is helpful to use a routine opening statement (eg, "I like to ask my patients about the name they use and their pronouns") that **normalizes gender diversity**. The patient's preferences should then be **accurately and consistently documented** in the electronic medical record.

(Choices A and C) Although these questions acknowledge gender diversity, they are both closed-ended and too abrupt for an introduction. They also assume a binary male-female paradigm and exclude recognition of a nonbinary gender, in which a person views gender as a spectrum and identifies as neither male nor female.

(Choice D) This approach is open-ended and allows the patient to express the patient's preferred gender identity; however, it is overly frank as an opening question and may alienate the patient. In addition, it hints at discriminatory documentation throughout the medical record, which may erode patient trust and harm rapport.

(Choice E) Knowing the patient's assigned sex at birth is important for accurate diagnosis and treatment; however, this is an uncomfortable initial question and does not clarify the patient's current gender identity or preferred pronouns.

Educational objective:

Gender-diverse patients require culturally competent medical care, which includes a tactful inquiry about preferred identifiers (eg, name, pronouns) followed by accurate and consistent documentation in the electronic medical record.

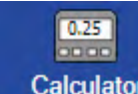
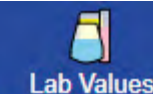
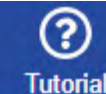




An 80-year-old man is brought to the emergency department by his son due to acute shortness of breath. The patient reports a chronic cough and a 13.6-kg (30-lb) weight loss over the past 6 months. Chest x-ray demonstrates a large mass in the right lung and an associated pleural effusion. The patient is hospitalized and undergoes bronchoscopy with biopsy; the pathology report comes back as bronchogenic carcinoma. When the physician initiates a private discussion about the biopsy results, the patient says, "I prefer not to be told anything. You can discuss everything with my son. I trust his judgment." The patient is cognitively intact without signs of mental illness. Which of the following is the most appropriate response by the physician?




- ☐ A. "Could you tell me why you decided to get a bronchoscopy done if you did not wish to know the results?"
- ☐ B. "Hearing about test results can be stressful. Would you like to speak to the chaplain before making a decision?"
- ☐ C. "I appreciate why you would not want to hear the results, but you could make informed decisions about your health if you knew."
- ☐ D. "I understand that you would not like to be told the results of the biopsy. I will share them with your son."
- ☐ E. "Not knowing your results may also cause anxiety; let's discuss this with your son and see what he thinks."





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- ☐ A. "Could you tell me why you decided to get a bronchoscopy done if you did not wish to know the results?" (5%)
- ☒ B. "Hearing about test results can be stressful. Would you like to speak to the chaplain before making a decision?" (5%)
- ☐ C. "I appreciate why you would not want to hear the results, but you could make informed decisions about your health if you knew." (14%)
- ☒ D. "I understand that you would not like to be told the results of the biopsy. I will share them with your son." (70%)
- ☐ E. "Not knowing your results may also cause anxiety; let's discuss this with your son and see what he thinks." (5%)

IncorrectCorrect answer
D 70%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation





Patients have the **right** to preemptively **refuse to receive** medical **information**. This patient has expressed a clear preference and has the capacity to make health care decisions. It is important to respect his wishes by withholding the information. In this case, respecting **patient autonomy** means respecting his decision not to know and to defer decision-making to his son.

Reasons for refusing to receive medical information are varied and complex and include **personal values** (eg, fatalism), psychological concerns (eg, fears of bad news and mortality), and **cultural beliefs** (eg, cultural preference for the family to make treatment decisions). In some cultures, direct disclosure of a serious illness to a family elder may be considered unnecessarily cruel or disrespectful, and it is customary for family members to make health care decisions for the patient. Other cultural reasons for nondisclosure include the belief that open discussion may cause unnecessary anxiety, depression, or hopelessness or that speaking aloud about a condition makes death or terminal illness more certain. Physicians should respond to different individual and cultural values with an open, sensitive approach that conveys respect for the preferences of the patient and family.

(Choice A) This statement may be perceived as judgmental and impair rapport. A patient has no obligation to hear the results of an intervention and has the right to refuse procedures or information at any time.

(Choices B and E) The patient has decision-making capacity, and his preference not to be informed should be respected. Questioning the patient's decision and consulting with the chaplain or the patient's son are not necessary and may be perceived as disrespectful.

(Choice C) This response puts pressure on the patient to accept the information when he has clearly stated that he does not want to know.

Educational objective:

Patients have the right to refuse to receive medical information for individual or cultural reasons. In some cultures, family members may make health care decisions to avoid perceived harm, disrespect, or mental distress caused by direct disclosure to the patient.



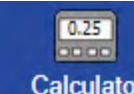
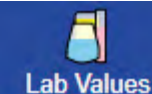


A 38-year-old woman comes to the office due to worsening dysmenorrhea and tension headaches for the past 3 months. She was recently promoted to school principal and says, "It is more stressful than I anticipated; I often have to work late to catch up on paperwork and am not sleeping very well." The patient is married and has no children. While answering questions regarding her sexual history, she bursts into tears. When the physician asks the patient what is upsetting her, she covers her face and says she was sexually abused as a child. Which of the following is the most appropriate response to the patient?

- ☐ A. "I appreciate you sharing this with me; would you consider talking to a therapist about this as well?"
- ☐ B. "I can see this is upsetting for you; we can talk about this another time when you're ready."
- ☐ C. "I understand how difficult this is to discuss; could you tell me more about what happened?"
- ☐ D. "I'm very sorry that happened to you; do you often experience flashbacks or nightmares related to the abuse?"
- ☐ E. "This must be very painful to talk about; I'm here to listen and help you through this."




Submit





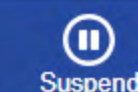
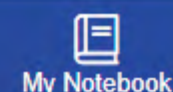
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- ☐ A. "I appreciate you sharing this with me; would you consider talking to a therapist about this as well?" (3%)
- ✗ ☒ B. "I can see this is upsetting for you; we can talk about this another time when you're ready." (5%)
- ☐ C. "I understand how difficult this is to discuss; could you tell me more about what happened?" (5%)
- ☐ D. "I'm very sorry that happened to you; do you often experience flashbacks or nightmares related to the abuse?" (3%)
- ✓ ☐ E. "This must be very painful to talk about; I'm here to listen and help you through this." (81%)

IncorrectCorrect answer
E 81%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

Physicians must respond to **revelations** of sexual **abuse** with clear expressions of empathy and support. Conveying **empathy** by acknowledging the patient's distress and a **willingness to listen** to the patient's thoughts and feelings about the abuse is the most appropriate initial response. This empathic acknowledgment will help the patient feel understood and strengthen the physician-patient relationship. Once this initial support is established





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Patients will have varying degrees of comfort in discussing prior trauma, and the physician should **follow** the **patient's lead** in exploring this sensitive area. Patients should be given the opportunity to talk about the abuse but should not be pressured into doing so. Some patients may indicate that they are not ready or willing to talk more about the trauma. In these cases, the physician should acknowledge the trauma and convey willingness to discuss it in the future.

(Choice A) Although referral to a therapist may be indicated later, the physician should initially communicate willingness to hear about the trauma directly.

(Choice B) This statement acknowledges the patient's distress but assumes that she does not wish to talk about the abuse. It may also convey that the physician does not want to listen. It is more appropriate to provide an opportunity for the patient to disclose details if she is willing.

(Choice C) This response puts pressure on the patient to provide further details without first assessing her willingness to divulge more about the abuse.

(Choice D) This statement expresses sympathy (feeling sorry for) rather than empathy (understanding the patient's feelings) and redirects the conversation away from the patient's emotional distress to screening her for symptoms of posttraumatic stress disorder. This could be perceived by the patient as an implicit message that the physician is not comfortable with or willing to discuss her emotions. Asking further questions about her response to the trauma could be appropriate later in the interview.

Educational objective:





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Educational objective:

Physicians should respond to disclosure of past sexual abuse with empathy and concern. Clearly acknowledging the trauma and communicating a willingness to discuss it when the patient is ready will help strengthen the physician-patient relationship.

References





A 33-year-old man comes to the office due to back pain. He has a 2-week history of moderate pain in the lumbar area that started after a long day of yard work. There is no associated fever, motor weakness, or urinary symptoms. The patient has no history of acute trauma and medical history is unremarkable. Examination shows normal lower extremity strength, sensation, and reflexes. Straight-leg raising test is negative. The patient says, "My brother had similar pain last year and his MRI scan showed a bulging disc. Can you order that test for me?" The clinician offers options for symptomatic relief but recommends against performing any imaging studies. Which of the following is the most likely effect of this recommendation?

- ☐ A. Increased diagnostic uncertainty
- ☐ B. Increased fragmentation of care
- ☐ C. Increased health care disparity
- ☐ D. Increased malpractice risk
- ☐ E. Reduced clinical standardization
- ☐ F. Reduced overutilization

Submit



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- A. Increased diagnostic uncertainty (5%)

B. Increased fragmentation of care (2%)

✗

C. Increased health care disparity (1%)

D. Increased malpractice risk (1%)

E. Reduced clinical standardization (3%)

✓

F. Reduced overutilization (86%)

Incorrect

Correct answer
F

86%
Answered correctly

08 secs
Time Spent

2023
Version

Explanation

Overutilization	
	Services (tests or treatments) that:
Definition	Are not reasonably expected to benefit the patient

Overutilization	
Definition	Services (tests or treatments) that: <ul style="list-style-type: none">• Are not reasonably expected to benefit the patient• Are not necessary for clinical decision-making
Strategies to reduce overutilization	<ul style="list-style-type: none">• Determine how a test will affect management before ordering• Use evidence-based practice guidelines that emphasize services with proven benefit• Avoid redundant tests & treatment

This patient has acute, uncomplicated low back pain (LBP) with no "red-flag" features (eg, fever, neurologic deficits) to suggest a serious cause. Uncomplicated LBP usually resolves spontaneously, and management is directed toward providing temporary symptomatic relief. Imaging (eg, x-ray, MRI scan) is generally not recommended because it does not improve outcomes or provide necessary information for optimal management.

Overutilization refers to provision of **unnecessary services** that are not expected to improve **patient outcomes** or meaningfully change **management**. Patient–centered health care requires care to be delivered with respect to the patients' concerns, preferences, and priorities, but does not require unnecessary testing or treatment if patient input is otherwise solicited and respected when appropriate. MRI in uncomplicated LBP increases overutilization and is therefore not recommended for this patient.

(Choice A) Spinal MRI often identifies nonspecific abnormalities (eg, bulging intervertebral discs) that are not relevant to management but can lead to further unnecessary and potentially harmful diagnostic studies and interventions. Because of the frequency of such abnormalities, even in asymptomatic individuals, it is often not clear whether they are the actual cause of pain or merely an incidental finding. Deferring imaging therefore decreases, rather than increases, diagnostic uncertainty.

(Choice B) Fragmentation of health care refers to breaking up care across multiple providers and facilities without



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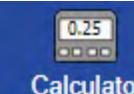
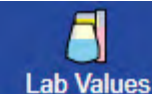
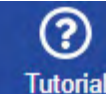
(Choice B) Fragmentation of health care refers to breaking up care across multiple providers and facilities without adequate cross communication. Declining to order unnecessary tests does not lead to fragmentation.

(Choice C) Health care disparity refers to differences in access to care or outcomes due to socioeconomic or demographic factors. Careful and appropriate use of diagnostic studies does not increase disparity.

(Choice D) Malpractice liability risk correlates most closely with provider-patient communication and perceived level of concern. Appropriate use of diagnostic studies, especially as it conforms to evidence-based guidelines, does not increase malpractice risk.

(Choice E) Clinical standardization refers to consistency of management decisions within and across provider groups. Care that conforms to established guidelines increases, not decreases, standardization.





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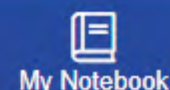
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Educational objective:

Overutilization refers to provision of services that are not expected to improve patient outcomes or meaningfully change management. Patient-centered health care requires care to be delivered with respect to patients' concerns, preferences, and priorities, but does not require unnecessary testing or treatment if patient input is otherwise solicited and respected when appropriate.





A 59-year-old man comes to the office for follow-up. The patient had an acute myocardial infarction 1 month ago, and a drug-eluting stent was placed successfully. He has no cardiovascular symptoms, but he does have hypertension and hyperlipidemia and a 40-pack-year smoking history. Blood pressure is 132/86 mm Hg and pulse is 68/min. BMI is 30.8 kg/m². Physical examination is unremarkable. The patient says, "I can't wait to get back to work, but at the same time, I'm concerned about having another heart attack. I have a high-pressure job, but I need to find time to exercise. Plus, I know I should stop smoking and lose at least 20 pounds." Which of the following is the most appropriate response by the physician at this time?

- ☐ A. "Having a heart attack was frightening. It's great that you've decided to stop smoking, lose weight, and start exercising."
- ☐ B. "I suggest we prioritize quitting smoking first. That will decrease your risk significantly and make it easier to exercise."
- ☐ C. "Those are excellent goals. Let's make a comprehensive list of all the health changes you want to make."
- ☐ D. "You've been through a tough time. Would you consider working fewer hours for the time being so you can focus on your health?"
- ☐ E. "You've brought up important issues. What are one or two small changes you feel most ready to tackle now?"

Submit

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- A. "Having a heart attack was frightening. It's great that you've decided to stop smoking, lose weight, and start exercising."

(5%)
- ✖

●

B. "I suggest we prioritize quitting smoking first. That will decrease your risk significantly and make it easier to exercise."

(2%)
- C. "Those are excellent goals. Let's make a comprehensive list of all the health changes you want to make."

(9%)
- D. "You've been through a tough time. Would you consider working fewer hours for the time being so you can focus on your health?"

(2%)
- ✔

○

E. "You've brought up important issues. What are one or two small changes you feel most ready to tackle now?"

(79%)

Incorrect

Correct answer
E

📊

79%
Answered correctly

🕒

03 secs
Time Spent

📅

2023
Version

Explanation

Motivational interviewing: components	
Engaging	<ul style="list-style-type: none">• Start a nonjudgmental, open-ended conversation• Collaborate to set the agenda• Elicit patient strengths
Focusing	<ul style="list-style-type: none">• Ask the patient to identify 1 or 2 behavior targets
Evoking	<ul style="list-style-type: none">• Elicit change talk to get the patient's:<ul style="list-style-type: none">◦ Commitment◦ Reasons to change
Planning	<ul style="list-style-type: none">• Guide the patient toward:<ul style="list-style-type: none">◦ Identifying specific next steps◦ Anticipating obstacles◦ Deciding how to measure success

This patient recently experienced a myocardial infarction and expresses concern about having another one. He identifies a number of issues he feels he should address to reduce his risk (eg, stop smoking, lose weight, start exercising). Like many patients, he faces multiple health challenges and has specific life circumstances that influence his priorities (eg, high-pressure job). Rather than developing an exhaustive list of changes, helping the **patient focus on 1 or 2 specific behaviors** he feels most ready to change is more productive. In **motivational interviewing**, this is referred to as the process of **focusing**.

A patient-centered, collaborative approach is important; the physician should elicit the patient's thoughts and feelings about what to focus on. Rather than giving advice without permission, unilaterally setting the agenda, or overwhelming the patient with a long list of changes, the physician can help the patient focus on realistic changes he is more likely to pursue.

(Choice A) This statement prematurely assumes the patient is internally motivated to change. It describes the



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(Choice A) This statement prematurely assumes the patient is internally motivated to change. It describes the patient as committed to these goals when he said only that he "should" do all those things. This response also may overwhelm the patient because it fails to help him focus on realistic goals.

(Choice B) This is an example of noncollaborative agenda-setting. It is less likely to be effective than eliciting the patient's perspective.

(Choice C) Encouraging the patient to make a long list of changes is rarely helpful. It is likely to overwhelm him and may actually decrease his motivation.

(Choice D) This question fails to consider the patient's perspective about his job (ie, "I can't wait to get back to work") and reflects a premature suggestion. Exploring the patient's thoughts and feelings about his work is a better approach, eliciting his suggestions about how to best integrate his health goals into his schedule.

Educational objective:

When counseling a patient who has multiple unhealthy behaviors, the best approach is to focus on 1 or 2 specific behaviors the patient feels most ready to change. This improves the likelihood of change by focusing on realistic goals the patient is more likely to pursue.





identifies a number of issues he feels he should address to reduce his risk (eg, stop smoking, lose weight, start exercising). Like many patients, he faces multiple health challenges and has specific life circumstances that influence his priorities (eg, high-pressure job). Rather than developing an exhaustive list of changes, helping the **patient focus on 1 or 2 specific behaviors** he feels most ready to change is more productive. In **motivational interviewing**, this is referred to as the process of **focusing**.

A patient-centered, collaborative approach is important; the physician should elicit the patient's thoughts and feelings about what to focus on. Rather than giving advice without permission, unilaterally setting the agenda, or overwhelming the patient with a long list of changes, the physician can help the patient focus on realistic changes he is more likely to pursue.

(Choice A) This statement prematurely assumes the patient is internally motivated to change. It describes the patient as committed to these goals when he said only that he "should" do all those things. This response also may overwhelm the patient because it fails to help him focus on realistic goals.

(Choice B) This is an example of noncollaborative agenda-setting. It is less likely to be effective than eliciting the patient's perspective.

(Choice C) Encouraging the patient to make a long list of changes is rarely helpful. It is likely to overwhelm him and may actually decrease his motivation.

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When counseling a patient who has multiple unhealthy behaviors, the best approach is to focus on 1 or 2 specific behaviors the patient feels most ready to change. This improves the likelihood of change by focusing on realistic goals the patient is more likely to pursue.





A 35-year-old man is admitted to the hospital after sustaining multiple injuries in a motor vehicle accident. He undergoes surgery for an open fracture of the tibia and a spiral fracture of the humerus. The tibial repair is successful, but the surgeon operates on the wrong arm. Which of the following procedures would be most effective in preventing a similar error?

- ☐ A. Confirm the correct site with the patient
- ☐ B. Have the anesthesiologist and surgeon verify the surgical site together
- ☐ C. Have the head nurse verify the surgical site
- ☐ D. Have the nurse and surgeon verify the surgical site independently
- ☐ E. Have the operating physician verify the surgical site

Submit





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- ☐ A. Confirm the correct site with the patient (21%)
- ☒ B. Have the anesthesiologist and surgeon verify the surgical site together (12%)
- ☐ C. Have the head nurse verify the surgical site (1%)
- ☒ D. Have the nurse and surgeon verify the surgical site independently (52%)
- ☐ E. Have the operating physician verify the surgical site (11%)

IncorrectCorrect answer
D52%
Answered correctly03 secs
Time Spent2023
Version

Explanation

According to The Joint Commission's sentinel event statistics, wrong-site surgery is the most frequently reported serious adverse event. Emergency operations, failure to mark the surgical site, poor communication, and surgeon fatigue are contributing factors. As in this case, multiple procedures on the same patient and multiple surgeons will also increase the risk of operating at the wrong site. Therefore, a preoperative verification process is important to decrease this risk. In addition to marking the operative site, **independent verification** of the patient, procedure, and site by 2 health care workers (eg, a nurse and physician) should be performed. The "dual identifiers" must perform the verification independently because 2 clinicians verifying identifiers together can result in replicating an error. The Joint Commission recommends use of a "surgical timeout" immediately prior to the procedure in order to



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- (Choice A)** Although an awake and aware patient can participate in the verification process, this is not an adequate substitute for dual independent clinician identification.
- (Choice B)** Having these 2 clinicians verify the site together is not optimal as it increases the risk that they will replicate the error.
- (Choices C and E)** Two independent identifiers are preferred.

Educational objective:

Risk of wrong-site surgery can be reduced by requiring "dual identifiers" (usually a nurse and physician) to independently confirm that they have the correct patient, site, and procedure. Checks must be truly independent to ensure patient safety.

- References**
- Using "near misses" analysis to prevent wrong-site surgery.



A gastroenterologist notices one of her patients at the hospital cafeteria while waiting for her friend, a hospitalist, to meet her for lunch. The patient greets the gastroenterologist and has a brief conversation before leaving. The hospitalist arrives to the cafeteria and says, "I saw you talking to my old neighbor. He's a close family friend, and I heard that he has colon cancer. I've been really worried about him, especially since his wife had a stroke recently. Are you treating him?" Which of the following is the most appropriate response by the gastroenterologist?

- ☐ A. "He is my patient, but unfortunately, I cannot discuss his treatment with you."
- ☐ B. "I cannot say, but you should probably check in with him to find out how he has been doing."
- ☐ C. "I cannot say whether or not he is my patient."
- ☐ D. "No, he is not my patient."
- ☐ E. "Yes, but let's wait to talk about this until we're in a more private area."

Submit





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- ☐ A. "He is my patient, but unfortunately, I cannot discuss his treatment with you." (29%)
- ☒ B. "I cannot say, but you should probably check in with him to find out how he has been doing." (13%)
- ☐ C. "I cannot say whether or not he is my patient." (54%)
- ☐ D. "No, he is not my patient." (0%)
- ☐ E. "Yes, but let's wait to talk about this until we're in a more private area." (1%)

IncorrectCorrect answer
C54%
Answered correctly02 secs
Time Spent2023
Version

Explanation

Confidentiality is a basic tenet of medical ethics and a prerequisite for a trusting physician-patient relationship.

Physicians are ethically obligated to **protect patient privacy** and maintain confidentiality in most situations, including during interactions with other physicians who are not directly involved in the patient's medical care.

The hospitalist has asked the gastroenterologist whether a certain man, a former neighbor and close family friend, is being treated by the gastroenterologist. Because the inquiry is based on **personal** and not professional **interest** or medical necessity, the most appropriate response by the gastroenterologist is to avoid divulging the man's





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The hospitalist has asked the gastroenterologist whether a certain man, a former neighbor and close family friend, is being treated by the gastroenterologist. Because the inquiry is based on **personal** and not professional **interest** or medical necessity, the most appropriate response by the gastroenterologist is to avoid divulging the man's protected health information, such as his diagnosis, treatment, and whether he is, in fact, the gastroenterologist's patient (**Choice A**). Identifying the man as a patient and admitting to treating him could indirectly confirm a diagnosis of colon cancer, which is a **breach of patient privacy** because sharing this information is **not medically necessary**. Therefore, the most appropriate response is for the physician to state that they cannot say whether or not the patient is under their care.

(Choice B) Although this statement does not directly admit to treating the patient, it insinuates that the patient has a serious medical diagnosis, which violates patient confidentiality. In addition, encouraging the hospitalist to "check in" with the patient is not advisable because the patient may not wish to share his diagnosis or receive support from others at this time.

(Choice D) The gastroenterologist is not required to lie to protect patient confidentiality; a more neutral statement that neither confirms nor denies a therapeutic relationship with the patient is sufficient.

(Choice E) To protect patient privacy, discussion of protected health information should take place in a private location rather than a public area (eg, cafeteria, elevator). However, because the hospitalist is not directly involved in the patient's care, the gastroenterologist cannot discuss whether or not the patient is receiving treatment.

Educational objective:

Patient confidentiality prohibits physicians from disclosing a patient's protected health information (eg, diagnosis, treatment) to anyone not directly involved in the patient's medical care, including physician colleagues. Physicians should not identify their patients when it is not medically necessary because doing so is a breach of patient privacy.



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References

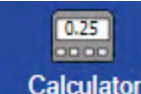
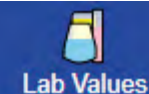
- Confidentiality breaches in clinical practice: what happens in hospitals?



A 68-year-old woman comes to the office to discuss lipid-lowering therapy. She was prescribed rosuvastatin 6 months ago following a transient ischemic attack, but her pharmacy sent a notice to the physician a week ago that she has not filled her prescription for the past 3 months. The patient otherwise feels well and has had no recurrent neurologic symptoms. When asked why she is not taking her medication, she says, "I feel great without it. The ministroke was the scariest thing that ever happened to me, and now that I have put it behind me, I don't want the medication to remind me about my problem all over again." Which of the following is the most appropriate response to this patient's statement?

- ☐ A. "I understand that having a ministroke was scary. Maybe we can talk about how the medication can help keep you healthy."
- ☐ B. "It is your choice whether to take the medication. But for your safety, please discuss your preferences with me first."
- ☐ C. "It sounds like you believe another ministroke is unlikely to happen to you. Is that correct?"
- ☐ D. "Many patients share your concerns about the medication. However, most people who stop the medication later regret not taking it."
- ☐ E. "You have a serious condition. Let's talk about some of the consequences if you do not take this medication."

[Submit](#)



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- ✓ ☐ A. "I understand that having a ministroke was scary. Maybe we can talk about how the medication can help keep you healthy." (84%)
- ✗ ☒ B. "It is your choice whether to take the medication. But for your safety, please discuss your preferences with me first." (2%)
- ☐ C. "It sounds like you believe another ministroke is unlikely to happen to you. Is that correct?" (10%)
- ☐ D. "Many patients share your concerns about the medication. However, most people who stop the medication later regret not taking it." (0%)
- ☐ E. "You have a serious condition. Let's talk about some of the consequences if you do not take this medication." (1%)

Incorrect

Correct answer

A



84%

Answered correctly



03 secs

Time Spent

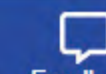
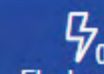
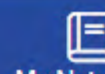


2023

Version

Explanation

The psychological impact of serious illness and injury, including initial fear and residual stigma or shame, frequently





The psychological impact of serious illness and injury, including initial fear and residual stigma or shame, frequently affects patients' self-image and subsequent personal health decisions. This patient's statement indicates that she **negatively associates** her statin medication (eg, rosuvastatin, used for secondary prevention of recurrent cerebrovascular events) with memories of her initial transient ischemic attack (TIA), leading her to be **nonadherent** to therapy.

Improving adherence in this patient should begin with an **empathetic** appreciation of her TIA and its effect on her emotional well-being. The physician should show respect for her feelings and experiences, avoid judgmental or critical statements, and encourage development of **new, positive associations** (eg, linking the medication to lower cholesterol and improved future health). If the patient comes to associate the statin with improved health, she may be more likely to adhere to therapy.

(Choice B) This statement superficially acknowledges patient autonomy but primarily puts the attention and responsibility on the physician and does little to explore the patient's motivations and priorities. It is unlikely to influence the patient's medication adherence.

(Choice C) Although this patient is avoiding thinking about her TIA, this is primarily due to negative associations rather than denial of the seriousness of the illness or likelihood of recurrence. Discussing whether she believes another event is likely would be less productive than encouraging new, positive associations.

(Choice D) This statement attempts to universalize the patient's concern and could be helpful for someone who is resistant to therapy due to embarrassment or shame. However, it does not promote positive associations with the treatment and is therefore less likely to improve adherence in this patient.

(Choice E) Focusing on adverse outcomes and complications of nonadherence is likely to reinforce this patient's negative associations of treatment and may make her more resistant to treatment.

Educational objective:

The psychological impact of serious illness frequently affects patients' self-image and personal health decisions, including medication adherence. Encouraging patients to develop positive associations (eg, linking treatment with





cerebrovascular events) with memories of her initial transient ischemic attack (TIA), leading her to be **nonadherent** to therapy.

Improving adherence in this patient should begin with an **empathetic** appreciation of her TIA and its effect on her emotional well-being. The physician should show respect for her feelings and experiences, avoid judgmental or critical statements, and encourage development of **new, positive associations** (eg, linking the medication to lower cholesterol and improved future health). If the patient comes to associate the statin with improved health, she may be more likely to adhere to therapy.

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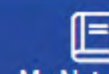
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Educational objective:

The psychological impact of serious illness frequently affects patients' self-image and personal health decisions, including medication adherence. Encouraging patients to develop positive associations (eg, linking treatment with improved health), rather than negative associations (eg, linking treatment with memories of disease), can improve adherence to therapy.

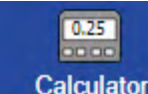
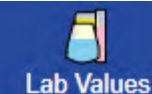




A 33-year-old woman is transferred to the university medical center from a small community hospital due to acute pyelonephritis with sepsis. She has a history of recurrent urinary tract infections due to urinary retention related to a spinal cord injury in childhood. On arrival, the patient is febrile and lethargic. She provides no additional history, and the only information available is from poorly legible handwritten notes from the originating hospital. The patient is admitted to the intensive care unit with orders to give imipenem and vancomycin. Overnight, the patient develops a rash and severe respiratory distress requiring brief mechanical ventilation. The following morning, a transcribed physician note from the originating hospital arrives by fax and indicates that the patient has an allergy to multiple antibiotics, including imipenem. When discussing events with the patient and her family, which of the following statements is associated with reduced malpractice liability for the treating clinician?

- ☐ A. "As your attending physician, this mistake is my fault. I take full responsibility."
- ☐ B. "I am so sorry an error led to your allergic reaction. I will do my best to help you through it."
- ☐ C. "There are things you can do to prevent problems like this. I recommend you get an allergy alert bracelet."
- ☐ D. "Unfortunately, modern antibiotics can have serious side effects. But I am glad to see you are doing better."
- ☐ E. "Unfortunately, we did not get information about your medication allergy yesterday. That is why you received the wrong antibiotic."




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- ☐ A. "As your attending physician, this mistake is my fault. I take full responsibility." (24%)
- ✓ ☒ B. "I am so sorry an error led to your allergic reaction. I will do my best to help you through it." (49%)
- ☐ C. "There are things you can do to prevent problems like this. I recommend you get an allergy alert bracelet." (2%)
- ☐ D. "Unfortunately, modern antibiotics can have serious side effects. But I am glad to see you are doing better." (1%)
- ☐ E. "Unfortunately, we did not get information about your medication allergy yesterday. That is why you received the wrong antibiotic." (21%)

Correct

 49%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation



Reducing malpractice liability from treatment complications	
Initial disclosure	<ul style="list-style-type: none">Acknowledge errors openlyDo not hide errors or other relevant factorsExpress empathy & give apology as appropriateAvoid blaming or denigrating other team members & providersAllow adequate opportunity for patient questions
Follow-up steps	<ul style="list-style-type: none">Remain engaged in the patient's careOutline steps to prevent future occurrence

This patient experienced a severe medication allergy with respiratory distress. Although key information did not accompany the patient at the time of transfer, this event was likely preventable. In cases where important information is missing or incomplete, clinicians have a duty to obtain the information as soon as possible. Because of the harm done to the patient, this clinician is at risk for a **medical malpractice claim**.

Most patients who experience complications, even avoidable complications, do not initiate a malpractice lawsuit. Patients who sue providers are typically not driven by financial rewards, but are more likely to be motivated by **anger, distrust**, or a feeling that the **clinician is not concerned** for their well-being. Often, patients report poor communication from the provider and file a lawsuit simply to get a better understanding of what happened.

When speaking with a patient following a medical error, clinicians should directly and honestly **discuss that an error occurred**; concealing an error can appear dishonest and generate anger if the error is later discovered. The conversation should allow opportunity for the patient to ask **questions**, and answers should be given with language that the patient can understand. A **plan to rectify the error** should be provided. The provider should then convey **concern** for the patient and remain engaged with the patient's care until the issue has been resolved.

(Choice A) Many experts recommend an apology be made to the patient following an error. However, specific blame (including self-blame) is not necessary and may make defending a claim more difficult later.



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(Choice A) Many experts recommend an apology be made to the patient following an error. However, specific blame (including self-blame) is not necessary and may make defending a claim more difficult later.

(Choice C) This statement does not acknowledge that an error occurred and may be taken as blaming the patient. Plans for future prevention should generally come after an open discussion of the initial error.

(Choice D) This statement conveys superficial concern but does not acknowledge the error and is likely to be seen as detached or blasé on the part of the clinician.

(Choice E) Although factually correct, this statement conveys no empathy for the patient. It also deflects blame to the referring provider, which often generates distrust toward all of the involved parties.

Educational objective:

When speaking with a patient following a medical error, clinicians should directly discuss the error. The conversation should allow opportunity for the patient to ask questions. A plan to rectify the error should be provided. Finally, the provider should convey concern for the patient and remain engaged with the patient's care.





A 40-year-old woman with major depression comes to the office for follow-up. She has been taking paroxetine daily for the past year. The patient is doing fairly well but is concerned that she experiences periods of low mood on occasion. When asked how she is taking the medication, she states, "I know the bottle says once a day, but I usually take an extra pill when I feel sad and skip it if I'm having a good day." Vitals signs are within normal limits. Physical examination shows no abnormalities. Which of the following is the most appropriate next step in management?

- ☐ A. Explain that the medication requires consistent dosing for optimal effect
- ☐ B. Inform the patient that she has been taking the medication incorrectly
- ☐ C. Obtain regular paroxetine serum levels and increase frequency of office visits
- ☐ D. Provide clear oral and written instructions on how to take the medication
- ☐ E. Recommend that she take the medication once daily as prescribed

Submit





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- ☒ A. Explain that the medication requires consistent dosing for optimal effect (79%)
- ☐ B. Inform the patient that she has been taking the medication incorrectly (1%)
- ☐ C. Obtain regular paroxetine serum levels and increase frequency of office visits (4%)
- ☐ D. Provide clear oral and written instructions on how to take the medication (8%)
- ☐ E. Recommend that she take the medication once daily as prescribed (6%)

IncorrectCorrect answer
A79%
Answered correctly03 secs
Time Spent2023
Version

Explanation

This patient is not adhering to the prescribed medication schedule and appears to not understand the importance of consistent dosing or the risks of doubling or skipping her dose. Her occasional periods of low mood may reflect **inconsistent dosing**; the most appropriate step in management is to explain that **daily medication adherence** is necessary to achieve the steady-state blood level required to sustain improvement in depression.

In addition to possible loss of efficacy, the physician should also educate this patient about the risks associated





This patient is not adhering to the prescribed medication schedule and appears to not understand the importance of consistent dosing or the risks of doubling or skipping her dose. Her occasional periods of low mood may reflect **inconsistent dosing**; the most appropriate step in management is to explain that **daily medication adherence** is necessary to achieve the steady-state blood level required to sustain improvement in depression.

In addition to possible loss of efficacy, the physician should also educate this patient about the risks associated with skipping or doubling the dose of paroxetine, including antidepressant withdrawal syndrome (eg, dizziness, myalgia, nausea, headache), increased adverse effects, drug interactions, and toxicity in serious cases. If a dose is missed, the patient should be instructed not to double the next dose. Other strategies to improve consistent dosing include using the simplest regimen and least frequent dosing possible and using labeled pill boxes or reminder cues (eg, phone alarm, pairing with another daily activity).

(Choice B) This approach may be perceived as judgmental and does not educate the patient about why consistent dosing is important.

(Choice C) Serum levels of selective serotonin reuptake inhibitors are not routinely used. A paroxetine level can help confirm that the patient is taking the medication but does not indicate how much or in what way it is being taken, and does not help guide treatment. Addressing the patient's misconceptions about the medication is preferable.

(Choices D and E) This patient has already acknowledged that she knows she should take the medication daily. Providing oral or written instructions or recommending that she take the medication as prescribed does not address her lack of understanding that antidepressants should not be taken as needed and require consistent dosing to sustain efficacy.

Educational objective:

Inconsistent dosing due to patient misconceptions regarding antidepressant use can result in loss of efficacy and the potential for toxicity and withdrawal. Physicians must assess the patient's understanding and provide targeted education to address misconceptions.





A 70-year-old woman comes to the physician for a new patient visit. She reports intermittent headaches and poor sleep. During review of systems, she also describes a sensation of incomplete emptying of the bladder and constipation. The patient has a history of migraines and chronic insomnia. Her other medical problems include hypercholesterolemia and osteoarthritis. Her medications include amitriptyline prescribed for migraines, simvastatin, diclofenac, and over-the-counter diphenhydramine for insomnia. Which of the following is the most appropriate next step in management of this patient?

- ☐ A. Add topiramate for additional migraine prophylaxis
- ☐ B. Add zolpidem to treat insomnia
- ☐ C. Cystography
- ☐ D. Discontinue diphenhydramine
- ☐ E. Head CT scan
- ☐ F. Increase dose of amitriptyline

Submit





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- ☐ A. Add topiramate for additional migraine prophylaxis (1%)
- ☒ B. Add zolpidem to treat insomnia (4%)
- ☐ C. Cystography (6%)
- ☒ D. Discontinue diphenhydramine (74%)
- ☐ E. Head CT scan (10%)
- ☐ F. Increase dose of amitriptyline (1%)

IncorrectCorrect answer
D74%
Answered correctly03 secs
Time Spent2023
Version

Explanation

New patient visits should always include a thorough review of current medications (including over-the-counter medications) to determine if any are inappropriate and/or causing adverse effects or problematic drug-drug interactions. The risk of adverse drug events increases with the number of medications, and minimizing the use of non-essential medications can reduce the risk of an adverse event. This patient is likely experiencing





New patient visits should always include a thorough review of current medications (including over-the-counter medications) to determine if any are inappropriate and/or causing adverse effects or problematic drug-drug interactions. The risk of adverse drug events increases with the number of medications, and minimizing the use of non-essential medications can reduce the risk of an adverse event. This patient is likely experiencing anticholinergic side effects (ie, urinary retention, constipation) due to the combined anticholinergic effects of amitriptyline and diphenhydramine. Anticholinergic side effects are particularly common in older adults and can also include impaired memory, confusion, hallucinations, dry mouth, blurry vision, impaired sweating, tachycardia, and increased risk for falls. Physicians should prioritize discontinuing unnecessary medications prior to pursuing further workup or adding additional medications for chronic problems. In this case, diphenhydramine should be discontinued as it is highly anticholinergic and has not helped with the patient's chronic insomnia.

(Choice A) Although topiramate can be considered for migraine prevention, discontinuing unnecessary medication that is causing adverse effects takes priority.

(Choice B) Zolpidem is a pharmacological treatment option for insomnia but should not be added to the patient's regimen as it has adverse effects in older adults, including increased risk of falls and confusion. Non-pharmacological strategies (eg, cognitive behavioral therapy) are preferred for initial management of primary insomnia in older adults.

(Choices C and E) Cystography is not indicated as this patient's urinary retention is more likely due to anticholinergic side effects. A head CT scan would be extremely low yield in this patient with chronic headaches.

(Choice F) Increasing the dose of amitriptyline would likely exacerbate the patient's anticholinergic side effects.

Educational objective:

Review of medications to determine if any are unnecessary or causing adverse effects is essential in providing high-quality patient care. The cumulative anticholinergic burden of multiple medications is especially problematic in the elderly.

References





An 18-year-old woman comes to the office to discuss test results. She was evaluated one week ago for recurrent vulvovaginal discharge and reported being sexually active with two partners, using oral contraceptives sometimes. The patient was counseled on safe sexual practices and tested for sexually transmitted diseases. The results have returned as positive for HIV. She has no significant medical history and takes no medications other than oral contraceptives. The patient's family history is significant for a mother with schizophrenia and a paternal uncle with alcohol use disorder who lives in the home with them. On hearing her test results and the recommendation to start antiretroviral therapy, she is visibly upset. Which of the following is the most important intervention to promote adherence to treatment in this patient?

- ☐ A. Develop a trusted partnership that incorporates the patient's goals into treatment
- ☐ B. Explain in simple language the complications of HIV and have the patient repeat them back
- ☐ C. Identify barriers to medication adherence and address them at each visit
- ☐ D. Identify underlying psychological stressors and provide supportive counseling
- ☐ E. Provide clear written instructions about how and when to take the medications

Submit



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- ✓

☐

A. Develop a trusted partnership that incorporates the patient's goals into treatment (68%)
- ☐

B. Explain in simple language the complications of HIV and have the patient repeat them back (1%)
- ☐

C. Identify barriers to medication adherence and address them at each visit (14%)
- ✗

☒

D. Identify underlying psychological stressors and provide supportive counseling (12%)
- ☐

E. Provide clear written instructions about how and when to take the medications (2%)

Incorrect

Correct answer
A

68%

Answered correctly

03 secs

Time Spent

2023

Version

Explanation

Building a therapeutic alliance	
	<ul style="list-style-type: none">• Nonjudgmental language• Openness & honesty

Building a therapeutic alliance	
General approach	<ul style="list-style-type: none">• Nonjudgmental language• Openness & honesty• Encouragement, positive reinforcement• Avoid even the appearance of conflict of interest
Education & counseling	<ul style="list-style-type: none">• Appropriate for language preference & education level• Open-ended questions & active listening• Gradual, stepwise increase in level of detail & sophistication
Management decisions	<ul style="list-style-type: none">• Shared decision-making• Address patient's goals & priorities• Alert & sensitive to larger context (eg, other medical conditions, costs, care burden)

This patient has a new diagnosis of HIV infection and will require lifelong antiretroviral therapy. Nonadherence to antiretroviral drugs is associated with greater probability of treatment failure and drug resistance, and this patient is likely at risk for nonadherence due to significant stressors (eg, family mental illness). Young patients also commonly have decreased adherence due to financial instability and frequent changes in health insurance coverage.

The first step in maximizing long-term adherence is building a solid **therapeutic environment** characterized by **openness and mutual trust**. Establishing a good physician-patient partnership in which the patient feels his or her **goals and priorities** are being addressed and the physician is acting in the **patient's interest** is a necessity.

Once the therapeutic relationship is established, specific interventions to maximize adherence are likely to be more effective. Strategies with proven benefit include simplifying the drug regimen (eg, combination pills, once-daily



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Once the therapeutic relationship is established, specific interventions to maximize adherence are likely to be more effective. Strategies with proven benefit include simplifying the drug regimen (eg, combination pills, once-daily dosing), automated reminder systems (eg, smartphone application), and frequent review of medication adverse effects.

(Choice B) As the patient's fund of knowledge and understanding of HIV infection increase, progressively sophisticated education can be provided regarding the natural history and complications of the disease. However, focusing on complications at the initial visit is likely to overwhelm the patient and distract from forming a therapeutic alliance.

(Choice C) Once a medication plan has been determined and the patient is instructed on implementation, frequent follow-up should be scheduled to review the treatment plan and identify any ongoing barriers to adherence. However, this is not a primary objective in the initial encounter.

(Choice D) This patient has significant psychosocial stressors and may benefit from counseling or other interventions. However, as with antiretroviral therapy, the success of these measures will be greatest if provided in the context of an established physician-patient therapeutic relationship.

(Choice E) Reinforcing verbal counseling with written instruction can improve adherence, especially for patients with multiple conditions and medications. However, the medication regimen should not be initiated until the patient



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(Choice E) Reinforcing verbal counseling with written instruction can improve adherence, especially for patients with multiple conditions and medications. However, the medication regimen should not be initiated until the patient fully understands the diagnosis and trust has been established between the physician and patient.

Educational objective:

The first step in maximizing long-term medication adherence is building a therapeutic environment characterized by openness and mutual trust. Developing a trusted partnership that incorporates the patient's goals into the management plan is a necessity, and can make specific interventions to maximize adherence more effective.

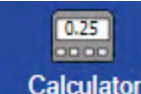
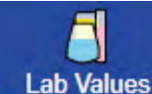
Reference:



A 36-year-old woman with well-controlled asthma and hypothyroidism comes to the office to review recent thyroid function tests with her primary care physician. She has been his patient for the past 8 years. During the visit, she mentions that she is recently divorced and has had difficulty meeting "smart and interesting" men. The patient, noticing the physician is not wearing a wedding ring, asks if he is single. The physician responds, "Yes, why do you ask?" The patient replies that she was wondering whether he would consider going out for dinner now that they are both single. The physician has always found the patient attractive and would like to accept the invitation. Which of the following is the most appropriate response to the patient's request?

- ☐ A. Accept the invitation as it was the patient, not the physician, who initiated it
- ☐ B. Accept the invitation as the romantic interest is mutual
- ☐ C. Accept the invitation but suggest that the patient change providers if she is uncomfortable continuing under his care
- ☐ D. Decline the invitation, explaining that going on a date with her would be unethical
- ☐ E. Decline the invitation, explaining that it is inappropriate for the patient to ask for a date
- ☐ F. Decline the invitation, explaining that the physician-patient relationship must be terminated before going on a date





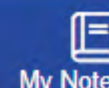
A 36-year-old woman with well-controlled asthma and hypothyroidism comes to the office to review recent thyroid function tests with her primary care physician. She has been his patient for the past 8 years. During the visit, she mentions that she is recently divorced and has had difficulty meeting "smart and interesting" men. The patient, noticing the physician is not wearing a wedding ring, asks if he is single. The physician responds, "Yes, why do you ask?" The patient replies that she was wondering whether he would consider going out for dinner now that they are both single. The physician has always found the patient attractive and would like to accept the invitation. Which of the following is the most appropriate response to the patient's request?

- ☐ A. Accept the invitation as it was the patient, not the physician, who initiated it (0%)
- ☒ B. Accept the invitation as the romantic interest is mutual (0%)
- ☐ C. Accept the invitation but suggest that the patient change providers if she is uncomfortable continuing under his care (0%)
- ☒ D. Decline the invitation, explaining that going on a date with her would be unethical (64%)
- ☐ E. Decline the invitation, explaining that it is inappropriate for the patient to ask for a date (1%)
- ☐ F. Decline the invitation, explaining that the physician-patient relationship must be terminated before going on a date (32%)

IncorrectCorrect answer
D64%
Answered correctly03 secs
Time Spent2023
Version

Explanation

A romantic or sexual **relationship** between a physician and a **current patient** (as in this scenario) is always



A romantic or sexual **relationship** between a physician and a **current patient** (as in this scenario) is always considered **unethical** due to potential exploitation and/or interference with the physician's objective clinical judgment. Such a relationship may be ethically acceptable provided the physician-patient relationship is terminated well before initiating a personal relationship. However, it would also be inappropriate to suggest termination of the physician-patient relationship solely for the purposes of dating, as physician-patient continuity is associated with better patient outcomes; furthermore, the patient should not be forced to choose between having the physician be a treatment provider or a romantic partner **(Choices C and F)**.

Of note, relationships between physicians and current or prior psychiatric patients are always unethical due to the nature of evaluation and treatment, which include discussion of sensitive information and recognition of psychological vulnerabilities.

(Choices A and B) Romantic and sexual relationships with current patients are unacceptable regardless of who initiates them or whether there is mutual interest.

(Choice E) This statement is unnecessarily critical and may make the patient feel embarrassed or ashamed.

Educational objective:

Romantic and sexual relationships with current patients as well as former psychiatric patients are always unethical. Relationships with former non-psychiatric patients may be acceptable provided the physician-patient relationship is terminated well beforehand.

References

- [Boundaries in the doctor-patient relationship.](#)



A 61-year-old woman is admitted to the hospital due to shortness of breath, fever, and confusion. Medical history includes stage III lung cancer treated with chemotherapy. The patient is unable to communicate but prepared an advance directive several weeks ago specifying "no intubation." Despite supportive care, the patient's condition worsens and she appears to be developing signs of respiratory failure that would warrant intubation. Her husband of 40 years, who accompanied her to the hospital, says, "My daughter is due to give birth to her first child in a week. I'm sure my wife would want a chance to see her grandchild. She would want to be intubated." Which of the following is the most appropriate response?

- ☐ A. "I understand why you want to change your wife's previous decision, but the likelihood of her regaining consciousness is minimal."
- ☐ B. "It's normal to want any intervention that could help your wife get better, but going against her wishes would be inappropriate."
- ☐ C. "Since you're her husband and you believe that's what she would have wanted, we can proceed with intubation."
- ☐ D. "This is a very difficult situation, and having doubts about her wishes is understandable. Perhaps you should talk this over with your daughter."
- ☐ E. "We're doing everything possible to help your wife recover. However, we should follow and respect her wishes."



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- A. "I understand why you want to change your wife's previous decision, but the likelihood of her regaining consciousness is minimal."

(1%)

X

B. "It's normal to want any intervention that could help your wife get better, but going against her wishes would be inappropriate."

(17%)

C. "Since you're her husband and you believe that's what she would have wanted, we can proceed with intubation."

(1%)

D. "This is a very difficult situation, and having doubts about her wishes is understandable. Perhaps you should talk this over with your daughter."

(7%)

E. "We're doing everything possible to help your wife recover. However, we should follow and respect her wishes."

(71%)

Incorrect

Correct answer
E

71%

Answered correctly

03 secs

Time Spent

2023

Version

Explanation

Explanation

Advance directives	
Definition	<ul style="list-style-type: none">• Legally binding instructions regarding patient's own health care• Considered determinative for giving consent/refusal for treatment• Takes priority over family's/friends' preferences
Requirements	<ul style="list-style-type: none">• Patient is competent at time directive is prepared• Enacted only when patient lacks capacity for decision-making
Types	<ul style="list-style-type: none">• Living will: written document with consent/refusal of specific services• Health care proxy: designation of a surrogate decision maker

This patient is unable to communicate her wishes regarding care. However, she previously outlined her wishes in the form of an **advance directive** that specified "no intubation." An advance directive is prepared when the person has **decision-making capacity** and is used only when the person **lacks the capacity** to make a medical decision at the time of service.

There are two main types of advance directive:

- A **living will** is a written document detailing the patient's wishes primarily regarding specific end-of-life interventions (eg, intubation, enteral feeding).
- A **health care proxy** is designation of a surrogate decision maker who is authorized to make health care decisions on the patient's behalf.

If no advance directive is in place, decision-making falls to a default surrogate (eg, [next of kin](#)). Because the default surrogate may have conflicting emotions and opinions regarding end-of-life decision-making, an advance directive, especially a living will, prevents confusion by establishing the patient's preferences for future medical



decisions on the patient's behalf.

If no advance directive is in place, decision-making falls to a default surrogate (eg, [next of kin](#)). Because the default surrogate may have conflicting emotions and opinions regarding end-of-life decision-making, an advance directive, especially a living will, prevents confusion by establishing the patient's preferences for future medical care. Based on the principle of **patient autonomy**, an advance directive is determinative in making decisions regarding a patient's care.

In this scenario, the "no intubation" directive overrules any family member's preference, and the physician may not intervene against this patient's advance directive. However, this message must be delivered with sensitivity given the nature of the patient's condition and its impact on loved ones. **Clear but gentle communication** on following the patient's instructions (eg, "we should follow and respect her wishes") should be **provided within a supportive context** (eg, "we're doing everything possible") to ease distress.

(Choices A and B) Relating to the loved one's distress with empathy can provide comfort and support. However, the ensuing blunt comments (eg, "regaining consciousness is minimal," "would be inappropriate") are unnecessarily harsh.

(Choices C and D) Without a living will, a health care proxy or default surrogate decision maker (eg, spouse, adult child) may determine medical care. However, in almost all states, living wills take precedence in decision-making, and the husband should not be misled by suggestion that the patient's predetermined decision (ie, "no intubation") can be changed.

Educational objective:

Advance directives detail patients' instructions for future medical care. A living will is a written document that specifies a patient's wishes, whereas a health care proxy is designation of a surrogate who is authorized to make health care decisions on the patient's behalf. Advance directives take precedence over the wishes of family members.

References



decisions on the patient's behalf.

Exhibit Display

Hierarchy of substitute decision makers*		
<div>Highest authority</div> <div></div> <div>Lowest authority</div>	Patient-designated proxy (eg, durable power of attorney)	
	Court-appointed guardian**	
	Next of kin (default surrogate)	Spouse/partner
		Adult children
		Parents
		Adult siblings
		Other adult relatives
		Unrelated friends

*Decisions guided by substituted judgment standard (ie, what the patient would have chosen).

**Usually appointed only if the patient is not competent to designate a proxy.

References

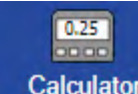
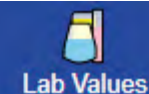


A 62-year-old man comes to the emergency department with his wife due to back pain. He has had no recent falls or injuries. Medical history includes hypertension and hypercholesterolemia. As the physician is trying to obtain additional history, the patient becomes embarrassed and says that he is having trouble understanding because he has hearing loss, and his hearing aid batteries died a few minutes ago. In addition to closing the door, muting the TV, and turning off nonessential medical equipment to decrease ambient noise, which of the following strategies is the best next step to improve communication with this patient?

- ☐ A. Face the patient directly when talking to him
- ☐ B. Give the patient a pen and paper to write on
- ☐ C. Obtain essential history from the wife
- ☐ D. Speak loudly and slowly in one ear
- ☐ E. Use a qualified sign language interpreter

Submit





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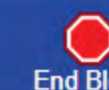
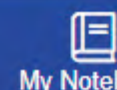
- ✓ ☐ A. Face the patient directly when talking to him (71%)
- ✗ ☒ B. Give the patient a pen and paper to write on (9%)
- ☐ C. Obtain essential history from the wife (1%)
- ☐ D. Speak loudly and slowly in one ear (8%)
- ☐ E. Use a qualified sign language interpreter (10%)

IncorrectCorrect answer
A71%
Answered correctly03 secs
Time Spent2023
Version

Explanation

Hearing loss is common, impacting almost 20% of US adults; the prevalence increases with age. Hearing loss is associated with increased rates of misdiagnosis, longer lengths of hospitalizations, and increased readmission rates. As such, physicians should employ strategies to improve communication, which include:

- **Decreasing background noise**
- **Facing the patient directly** when speaking and refraining from touching the face or mouth





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- **Decreasing background noise**
- **Facing the patient directly** when speaking and refraining from touching the face or mouth
- **Speaking clearly and loudly** (ie, natural amplification) without shouting or shrieking, which distorts the sound of speech
- **Speaking at a normal pace** because speaking too slowly can decrease contextual clues and make it hard for patients to understand
- Using short and simple sentences and addressing one topic at a time
- Using facial expressions, gestures, and visual aids when appropriate
- Asking the patient to repeat back specific instructions to ensure understanding

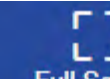
Hearing loss patients are **heterogeneous** with varying needs. Physicians should ask open-ended questions such as, "What is the best way for me to communicate with you?" and frequently ask for feedback to ensure that communication is effective. In addition, physicians should **document successful strategies** to improve future encounters.

(Choice B) Although this patient has hearing loss, he is able to verbally communicate effectively with the physician and does not need to write. The physician (rather than the patient) may use written communication if this is in line with the patient's preferences. In general, writing is not preferred because nuances can be lost, intentions misinterpreted, or information left out for the sake of brevity.

(Choice C) Obtaining history from the wife or next of kin is appropriate if the patient is incapacitated (eg, comatose state). Attempts to communicate directly with the patient are always preferred.

(Choice D) Speaking loudly into one ear may be helpful for some patients with unilateral hearing loss. However, this should only be done after confirming this aligns with the patient's preferences and asking which ear is best for





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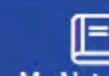
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(Choice E) Optimal care of patients with hearing loss who use sign language requires trained interpreters. However, many patients with hearing loss do not use sign language; this assumption can lead to delays in care and embarrassment for the patient.

Educational objective:

Hearing loss can impair communication, resulting in adverse health outcomes. Strategies to improve communication include minimizing background noise, facing the patient directly, and speaking clearly at a normal pace.





A 73-year-old woman with congestive heart failure is being prepared for discharge from the hospital. The patient has heart failure with reduced ejection fraction and has been admitted to the hospital twice in the past 60 days. Medical history is notable for ischemic heart disease, chronic obstructive pulmonary disease, and hypertension. Vital signs are normal. Pulmonary examination shows normal respiratory effort and no crackles, and there is no peripheral edema. The patient asks to stay in the hospital for a few additional days and says, "I feel fine right now, but I am worried that if I go home, I might end up back in the hospital again." Which of the following is the most appropriate response to this patient's request?

- ☐ A. "Managing heart failure at home can be difficult. What family members are nearby who can help?"
- ☐ B. "Since you are worried about going home, would you like to go to a nursing home until you feel more confident?"
- ☐ C. "Some people with heart failure have problems due to too much salt intake. Can you tell me about your diet?"
- ☐ D. "What do you think are some reasons why your heart failure might be worse at home?"
- ☐ E. "Your condition has now stabilized. What benefit are you hoping to gain from a continued stay?"

Submit

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- A. "Managing heart failure at home can be difficult. What family members are nearby who can help?"

(10%)

X

B. "Since you are worried about going home, would you like to go to a nursing home until you feel more confident?"

(2%)

C. "Some people with heart failure have problems due to too much salt intake. Can you tell me about your diet?"

(0%)

D. "What do you think are some reasons why your heart failure might be worse at home?"

(83%)

E. "Your condition has now stabilized. What benefit are you hoping to gain from a continued stay?"

(2%)

Incorrect

Correct answer
D

83%

Answered correctly

04 secs

Time Spent

2023

Version

Explanation

Reducing hospital readmission

Reducing hospital readmission	
Patient education	<ul style="list-style-type: none">Medication review: current list, purposeFactors leading to relapseHome care & contingency measures
Coordination of care	<ul style="list-style-type: none">Prompt/electronic delivery of discharge information to outpatient providerMultidisciplinary team review (eg, nursing, pharmacy, physician)Clear delegation of responsibilities (eg, prescription refills)
Patient communication & follow-up	<ul style="list-style-type: none">Phone callsHome health visitsTelemonitoring

Congestive heart failure carries a high rate of **hospital readmission**. The potential reasons for readmission are numerous and variable and can include premature discharge, inadequate outpatient follow-up, inadequate social support, dietary indiscretion, and medication errors (eg, missed or duplicate prescriptions). In addition, patients may not thoroughly understand how to take their medications, what each medication is for, or what to do if their symptoms begin to relapse.

Predischarge counseling typically begins with exploring patients' **level of understanding** and **health literacy** (ie, ability to process basic health information and make appropriate health decisions). Patients should have an opportunity to express their **questions and concerns** about **factors at home** that may lead to readmission. If possible, education should be provided by a **multidisciplinary team** (eg, pharmacist, physical therapist) that can address specific aspects of care. In addition, follow-up phone calls and telemonitoring (eg, blood pressure checks) after discharge may be helpful.

(Choice A) Friends and family members can often help patients by assisting with activities of daily living, reinforcing treatment plans, and alerting outpatient providers to early signs of clinical decompensation. However, it



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(Choice A) Friends and family members can often help patients by assisting with activities of daily living, reinforcing treatment plans, and alerting outpatient providers to early signs of clinical decompensation. However, it would be premature to enlist others to help before understanding the reasons for readmission.

(Choice B) Nursing home (ie, skilled care facility) transfer is appropriate for patients who require technically advanced interventions (eg, dressing changes, intravenous antibiotics) that cannot be provided at home. Postacute care for heart failure typically involves oral medications that do not require skilled services.

(Choice C) Improper diet (eg, unrestricted sodium intake) is a common reason for heart failure readmission. However, the clinician should first assess the patient's current level of understanding, and the patient should be allowed to explain the reasons she thinks contribute to readmission.

(Choice E) This patient has been clinically stabilized and is unlikely to benefit from continued stay. Predischarge counseling should focus on factors at home that could lead to readmission rather than on reasons to stay in the hospital.





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Educational objective:

Predischarge counseling should begin with exploring patients' level of understanding and health literacy. Patients should have an opportunity to ask questions and express their concerns about factors at home that could lead to readmission. If possible, education should be provided by a multidisciplinary care team, and the plan for home care and follow-up should be clear.





A community health task force is preparing to launch a campaign promoting obesity awareness and education in the area. The task force studies epidemiologic data from the county health department, which show that the prevalence of obesity is 3 times higher in a cluster of 5 specific ZIP codes compared to the county average. The task force leader approaches a reputed physician working at a local university to ask for assistance in understanding this pattern. Which of the following should be performed first to understand the etiology of the disparity in obesity prevalence?

- ☐ A. Cross-sectional analysis of demographic attributes and health behaviors across community ZIP codes
- ☐ B. Observational study tracking leptin levels and weight outcomes in a representative cohort of community residents
- ☐ C. Quality improvement study assessing medical provider adherence to national obesity screening, monitoring, and treatment guidelines across ZIP codes
- ☐ D. Qualitative survey assessing obesity-related beliefs, attitudes, and knowledge in a representative community sample
- ☐ E. Randomized controlled trial examining the relationship between primary care weight counseling and obesity incidence

Submit



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- ✓

☐

A. Cross-sectional analysis of demographic attributes and health behaviors across community ZIP codes

(71%)
- ☐

B. Observational study tracking leptin levels and weight outcomes in a representative cohort of community residents

(1%)
- ✗

☒

C. Quality improvement study assessing medical provider adherence to national obesity screening, monitoring, and treatment guidelines across ZIP codes

(4%)
- ☐

D. Qualitative survey assessing obesity-related beliefs, attitudes, and knowledge in a representative community sample

(20%)
- ☐

E. Randomized controlled trial examining the relationship between primary care weight counseling and obesity incidence

(2%)

Incorrect

Correct answer A

71%

Answered correctly

04 secs

Time Spent

2023

Version

Explanation

Types of studies in the health sciences	
Experimental	
Randomized controlled trial	<ul style="list-style-type: none">• Random allocation into treatment & placebo groups• Can determine efficacy of the intervention
Nonrandomized design	<ul style="list-style-type: none">• Nonrandom allocation into treatment & placebo groups• Can determine efficacy of the intervention
Observational	
Cohort	<ul style="list-style-type: none">• Data gathered from the same individuals over time (longitudinal)• Can assess risk factors or outcomes
Cross-sectional	<ul style="list-style-type: none">• Data gathered at one point in time• Can determine prevalence of an outcome in a population
Case-control	<ul style="list-style-type: none">• Data gathered from individuals with the condition of interest (cases) & compared to individuals without the condition (controls)
Case	<ul style="list-style-type: none">• Detailed information gathered about one individual (or a small group of individuals)
Review	
Meta-analysis	<ul style="list-style-type: none">• Data from multiple studies are statistically combined & analyzed

Obesity is a multifactorial condition with genetic, environmental, and behavioral causes. In this community, obesity prevalence is significantly higher in specific ZIP codes, indicating a possible **health disparity** (ie, preventable health differences associated with social, environmental, or economic disadvantage).

Obesity-related health disparities represent a major public health concern with increased prevalence, severity, and



Obesity is a multifactorial condition with genetic, environmental, and behavioral causes. In this community, obesity prevalence is significantly higher in specific ZIP codes, indicating a possible **health disparity** (ie, preventable health differences associated with social, environmental, or economic disadvantage).

Obesity-related health disparities represent a major public health concern with increased prevalence, severity, and complications affecting vulnerable communities. Such disparities involve factors relating to **health care** (eg, provider screening and treatment, access to care), **patients** (eg, diet and activity, health knowledge), and **neighborhood** (eg, density of grocery stores, which influences dietary patterns; crime rate, which influences physical activity).

Given the multifactorial nature of obesity and related disparities, the **first step** in researching this community's trend is to generate hypotheses. This is best achieved through **cross-sectional analysis** of demographic and behavioral data, which is relatively easy to perform and can depict multiple risk factors at one point in time (a "snapshot") to:

- reveal **differences in distribution** (prevalence) of **demographic** factors (eg, poverty, ethnicity, insurance status) across ZIP codes.
- identify variables **correlated** (associated) with **obesity risk** (eg, poverty is more prevalent in high-obesity ZIP codes).
- **generate hypotheses** (eg, poverty increases obesity risk by decreasing ability to consume foods promoting optimal weight).

Other study designs are more appropriate for testing or refining hypotheses following broader cross-sectional analysis.

(Choices B and D) Like cross-sectional analysis, cohort studies and qualitative surveys offer observational data for generating hypotheses. However, each of these approaches focuses on a single, patient-related hypothesis (eg, leptin, patient knowledge and attitudes) for obesity differences. Cross-sectional analysis involving this





status) across ZIP codes.

- identify variables **correlated** (associated) with **obesity risk** (eg, poverty is more prevalent in high-obesity ZIP codes).
- **generate hypotheses** (eg, poverty increases obesity risk by decreasing ability to consume foods promoting optimal weight).

Other study designs are more appropriate for testing or refining hypotheses following broader cross-sectional analysis.

(Choices B and D) Like cross-sectional analysis, cohort studies and qualitative surveys offer observational data for generating hypotheses. However, each of these approaches focuses on a single, patient-related hypothesis (eg, leptin, patient knowledge and attitudes) for obesity differences. Cross-sectional analysis involving this community's demographic factors is a better first step, as it can analyze multiple potential influences and tailor hypotheses to this setting.

(Choice C) Quality improvement studies analyze and test clinical processes (eg, providing obesity screening) affecting health care quality. They are less useful for generating broad hypotheses for community epidemiological patterns (eg, obesity trends).

(Choice E) Randomized controlled trials are more appropriate for testing (rather than generating) hypotheses; such trials would be premature at this stage. Moreover, this approach tests only health care factors whereas cross-sectional analysis can assess how other risk factors correlate to obesity risk in this community.

Educational objective:

Obesity-related health disparities affect vulnerable populations (eg, lower socioeconomic status) and arise from patient, health care, and community-related factors. Cross-sectional analysis can identify specific risk factors (eg, insurance status, health behaviors) correlated to obesity in different settings, helping to generate hypotheses for further research.





An 82-year-old man is admitted to the hospital in the middle of the night. He is noncommunicative and has multiple comorbidities, including end-stage lung cancer. The patient has neither a designated power of attorney nor an advance directive on file. His wife of many years, who is at the hospital with him, has an extensive conversation with the physician in charge of his care. During the conversation, she says that, on several occasions, the patient said not to resuscitate him if he were near death because he did not want to live "attached to machines or brain dead." She says that he just wants to die in peace when the time comes. What would be the most appropriate course of action if the patient enters ventricular fibrillation?

- ☐ A. Attend to the patient's comfort and allow his family to be present with him as he is dying
- ☐ B. Begin full resuscitation because the patient's wife has no official documentation of her husband's wishes
- ☐ C. Inform the nursing staff that the patient is "do not resuscitate" and suspend all treatment
- ☐ D. Obtain a court order to confirm the patient's wishes and have legal documentation
- ☐ E. Perform resuscitation without using a defibrillator but use only cardiac medications

Submit



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- ✓

☐

A. Attend to the patient's comfort and allow his family to be present with him as he is dying (64%)
- ✗

☒

B. Begin full resuscitation because the patient's wife has no official documentation of her husband's wishes (8%)
- ☐

C. Inform the nursing staff that the patient is "do not resuscitate" and suspend all treatment (15%)
- ☐

D. Obtain a court order to confirm the patient's wishes and have legal documentation (5%)
- ☐

E. Perform resuscitation without using a defibrillator but use only cardiac medications (6%)

Incorrect

Correct answer
A

64%
Answered correctly

03 secs
Time Spent

2023
Version

Explanation

Next-of-kin surrogate decision maker	
Patient selection	<ul style="list-style-type: none">• Inability to communicate wishes regarding medical decision-making• Advance directive not available or applicable

Next-of-kin surrogate decision maker	
Patient selection	<ul style="list-style-type: none">• Inability to communicate wishes regarding medical decision-making• Advance directive not available or applicable• No previously designated surrogate decision maker
Surrogate selection	<ul style="list-style-type: none">• Priority to patient's spouse• Alternate: adult children, parents, adult siblings, other family members
Implementation	<ul style="list-style-type: none">• Substituted judgment: what the patient, not family, would have wanted• Decisions in the patient's best interest

This patient is unable to communicate his wishes regarding his care and does not have a prepared statement of his wishes (ie, advance directive) or designated surrogate decision-maker (eg, durable power of attorney). In such cases, decision-making falls to the **next of kin** (also called default surrogate). The [order of next of kin](#) is determined by the proximity of relationship; in most jurisdictions, priority goes to the **patient's spouse**, adult children, parents, and adult siblings, sequentially.

The next of kin is responsible for making decisions based on what they believe the patient would want (ie, **substituted judgment**) and the patient's **best interest**. In this case, the patient's wife indicates that he had expressed his wishes not to be resuscitated (ie, basic life support [rescue breathing, chest compressions], advanced cardiac life support [ACLS] [mechanical ventilation, defibrillation]).

Therefore, in case of ventricular fibrillation or another malignant arrhythmia, this patient should not be resuscitated. Comfort measures should be provided as appropriate, and staff should avoid disrupting the family's final moments with the patient.

(Choice B) As next of kin, the patient's wife has the authority to make decisions for the patient. Nothing in this case suggests inadequate or insincere decision-making by the wife, and her decisions should be respected.

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(Choice B) As next of kin, the patient's wife has the authority to make decisions for the patient. Nothing in this case suggests inadequate or insincere decision-making by the wife, and her decisions should be respected.

(Choice C) According to the patient's wishes, he should not receive cardiopulmonary resuscitation measures. However, nonresuscitative supportive care (eg, supplemental oxygen) and comfort measures (eg, pain medication) should continue as usual and not be withheld.

(Choice D) Court proceedings are time-consuming and disruptive. They are generally necessary only when a suitable surrogate cannot be identified or when there are intractable disagreements among surrogates (eg, multiple adult children).

(Choice E) Treatment of ventricular fibrillation with antiarrhythmic medications is considered part of the ACLS resuscitation algorithm and is generally excluded as part of a do-not-resuscitate order. In general, partial algorithm implementation should not be considered in the absence of specific guidance from the patient or surrogate.

Educational objective:

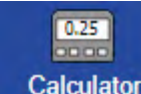
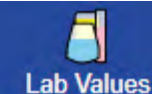
When a patient is unable to communicate his or her wishes regarding care and does not have an advance directive or designated surrogate decision-maker, decision-making falls to the next of kin (eg, spouse). The next of kin is generally determined by the proximity of relationship and is responsible for making decisions based on what they believe the patient would want and the patient's best interest.



A 37-year-old woman, gravida 2 para 1, at 8 weeks gestation comes to the clinic to establish prenatal care. The patient has had mild nausea, but no vomiting or vaginal bleeding. She has no chronic medical conditions and has had no surgeries. Her only medication is a prenatal vitamin. The patient's prior pregnancy ended in a spontaneous vaginal delivery at 38 weeks gestation. BMI is 32 kg/m². Physical examination is unremarkable. Ultrasound confirms an 8-week intrauterine pregnancy with normal cardiac activity. Although the patient's last delivery was at a hospital, she is now considering a planned home birth. Which of the following is the most appropriate statement to this patient?




- ☐ A. "A home birth can be very risky, and I don't think we should consider this option."
- ☐ B. "A home birth is fine as long as you have a good support system during the delivery."
- ☐ C. "Are there any specific aspects of your last delivery that concern you about a hospital delivery?"
- ☐ D. "As long as your pregnancy remains uncomplicated, I think that a home birth is a good option for you."
- ☐ E. "I think this is something we can consider, but let's readdress this when you are closer to your due date."





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- ☐ A. "A home birth can be very risky, and I don't think we should consider this option." (0%)
- ☒ B. "A home birth is fine as long as you have a good support system during the delivery." (2%)
- ☐ C. "Are there any specific aspects of your last delivery that concern you about a hospital delivery?" (82%)
- ☐ D. "As long as your pregnancy remains uncomplicated, I think that a home birth is a good option for you." (3%)
- ☐ E. "I think this is something we can consider, but let's readdress this when you are closer to your due date." (10%)

IncorrectCorrect answer
C 82%
Answered correctly 05 secs
Time Spent 2023
Version

Explanation

Although most births in the United States occur in a hospital, the number of **planned home births** has steadily increased. Common reasons for choosing home birth include desires to avoid labor interventions (eg, artificial rupture of membranes), have greater personal control in the birth process, and deliver in a familiar home.



Explanation

Although most births in the United States occur in a hospital, the number of **planned home births** has steadily increased. Common reasons for choosing home birth include desires to avoid labor interventions (eg, artificial rupture of membranes), have greater personal control in the birth process, and deliver in a familiar home environment.

Notably, most patients who have a planned home birth are **multiparous** and have had a **prior in-hospital delivery**. In some cases, desiring a planned home birth for the current pregnancy may reflect **low satisfaction or negative experience** with the prior in-hospital delivery. Therefore, providers should seek to understand what, if any, aspects of the prior in-hospital birth experience were concerning to the patient. This is also an opportunity to review the risks (eg, increased neonatal mortality, lack of access to emergency medical interventions) and benefits (eg, higher vaginal delivery rate, fewer obstetric interventions) of home birth. Patients determined to proceed with a home birth require counseling on the indications for transfer to a hospital (eg, abnormal fetal heart rate, arrest of labor).

(Choice A) Although home births are associated with increased neonatal mortality, stating that home birth is risky (ie, "I don't think we should consider this option") does not allow the patient to express her concerns and is paternalistic.

(Choice B) Safe home births require more than a good support system (eg, partner, family, doula). Ideally, an experienced home birth provider with appropriate resources (eg, neonatal resuscitation kit) is present, and there is a backup plan for transfer to a hospital if needed. In addition, this statement shifts responsibility for this patient's care to another (nonmedical) provider, which is inappropriate.

(Choice D) This patient's prior vaginal delivery and absence of chronic medical conditions are favorable for home birth. However, the caveat "as long as your pregnancy remains uncomplicated" may set the patient up for disappointment if obstetric complications arise. In addition, it may discourage her from disclosing symptoms (eg, vaginal bleeding, persistent headache) of serious obstetric complications.



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(Choice D) This patient's prior vaginal delivery and absence of chronic medical conditions are favorable for home birth. However, the caveat "as long as your pregnancy remains uncomplicated" may set the patient up for disappointment if obstetric complications arise. In addition, it may discourage her from disclosing symptoms (eg, vaginal bleeding, persistent headache) of serious obstetric complications.

(Choice E) Delaying the conversation about home birth dismisses the patient's concerns, which will likely harm the physician-patient relationship. Exploring her reasons for wanting a planned home birth is a more patient-centered approach.

Educational objective:

Desiring a planned home birth may reflect low satisfaction or negative experiences with a prior in-hospital delivery. Therefore, providers should assess what, if any, aspects of the prior in-hospital delivery were concerning to the patient.

References



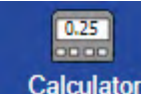
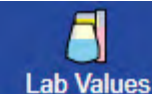
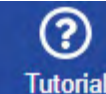
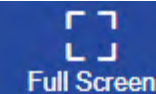


A gynecologist in a group practice asks a physician colleague about a patient that the colleague examined earlier that morning. The gynecologist asks why the patient was crying in the waiting room and says that she is close friends with the patient's parents. The patient was recently diagnosed with breast cancer and will be undergoing radiation therapy. Which of the following is the most appropriate response to the gynecologist?

- ☐ A. "I cannot disclose confidential information about my patients to you."
- ☐ B. "I wish I could share more details. She just received some unexpected news."
- ☐ C. "It would be best for her to tell you about her diagnosis instead of me."
- ☐ D. "She's had a pretty tough week and could benefit from some support."
- ☐ E. "Unfortunately, I can't talk about that, but perhaps you should ask her how she is doing."

Submit





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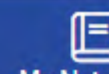
- ✓ ☐ A. "I cannot disclose confidential information about my patients to you." (51%)
- ✗ ☒ B. "I wish I could share more details. She just received some unexpected news." (5%)
- ☐ C. "It would be best for her to tell you about her diagnosis instead of me." (2%)
- ☐ D. "She's had a pretty tough week and could benefit from some support." (1%)
- ☐ E. "Unfortunately, I can't talk about that, but perhaps you should ask her how she is doing." (38%)

IncorrectCorrect answer
A51%
Answered correctly03 secs
Time Spent2023
Version

Explanation

Confidentiality is a basic tenet of medical ethics and a prerequisite for a trusting physician-patient relationship. Physicians are ethically obligated to **protect patient privacy** and **maintain confidentiality** in most situations, including during interactions with **other physicians** who are **not directly involved** in the patient's medical care. This includes colleagues who may share an office or group practice but who are not part of the patient's immediate treatment team.

The gynecologist's inquiry into this patient's condition is based on personal (eg, close friend to the patient's parents) and not professional interest or medical necessity. Therefore, the physician cannot divulge any



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The gynecologist's inquiry into this patient's condition is based on personal (eg, close friend to the patient's parents) and not professional interest or medical necessity. Therefore, the physician cannot divulge any information regarding this patient's condition or treatment because the gynecologist is not directly involved in, or necessary to, the patient's medical care. Doing so would be a **breach of patient privacy**.

(Choices B, C, D, and E) Though these statements do not share details of the patient's condition, they insinuate that she has a medical diagnosis, specifically one that is "unexpected" and/or poor (eg, "she's had a pretty tough week"). Such statements would be violations of the patient's privacy. In addition, they encourage the colleague to follow up with the patient personally (eg, "you should ask her"), which is inappropriate because the patient may not wish to share her diagnosis or receive support from others at this time.

Educational objective:

The ethical obligation to maintain patient confidentiality prohibits physicians from disclosing information about a patient's diagnosis or treatment (ie, protected health information) to anyone not directly involved in, or necessary to, the patient's medical care.

References

- [Confidentiality.](#)
- [Confidentiality breaches in clinical practice: what happens in hospitals?](#)

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Patient confidentiality
Subject	System	Topic

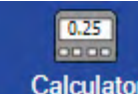
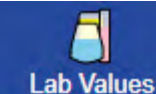
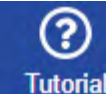
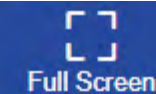


A 45-year-old woman comes to the office for follow-up of type 2 diabetes mellitus. Current glycated hemoglobin level is 9%. The patient was diagnosed with diabetes a few months ago and was started on metformin twice daily. When the physician asks how she is doing with her medication, she replies, "I use it most of the time, but it's easy to forget when I am feeling good." Which of the following statements is most appropriate to begin a discussion about this patient's nonadherence to her medication?

- ☐ A. "If you're not more consistent with your medication, we may have to switch to insulin injections."
- ☐ B. "It's very important that you take your medication regularly, even when you feel fine."
- ☐ C. "Taking medications daily can be difficult, especially on days you feel well."
- ☐ D. "Uncontrolled diabetes can result in many dangerous medical complications."
- ☐ E. "You seem to have difficulty understanding the risks of untreated diabetes, so let's discuss them."

Submit





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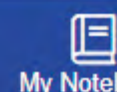
- ☐ A. "If you're not more consistent with your medication, we may have to switch to insulin injections." (0%)
- ✗ ☒ B. "It's very important that you take your medication regularly, even when you feel fine." (20%)
- ✓ ☐ C. "Taking medications daily can be difficult, especially on days you feel well." (73%)
- ☐ D. "Uncontrolled diabetes can result in many dangerous medical complications." (1%)
- ☐ E. "You seem to have difficulty understanding the risks of untreated diabetes, so let's discuss them." (3%)

IncorrectCorrect answer
C73%
Answered correctly03 secs
Time Spent2023
Version

Explanation

This patient with diabetes has suboptimal control of her blood glucose levels as evidenced by her elevated glycosylated hemoglobin level (HbA1c). She may also have limited understanding of her disease and the potential complications of poor glycemic control (believing that she can skip medication when she feels good). **Medication nonadherence** is more likely to occur when detrimental effects of missed doses are not immediately apparent, as in this situation.

The best initial approach to medication nonadherence is to **acknowledge the difficulty** of taking a medication





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The best initial approach to medication nonadherence is to **acknowledge the difficulty** of taking a medication daily. Validating this patient's experience, rather than immediately judging her behavior, is more likely to facilitate an open discussion of her understanding of the illness and the factors contributing to nonadherence. Addressing possible misunderstandings about treatment in a **nonjudgmental** manner is crucial to promote medication adherence and strengthen the therapeutic alliance.

(Choices A and E) These statements are condescending and judgmental in tone. Physicians should avoid criticizing the patient's behavior or assuming a lack of knowledge.

(Choice B) This statement gives the patient a directive without first exploring her perspective and understanding of the illness. The best initial approach is to engage the patient with a statement that validates her experience and encourages open discussion of her challenges with medication adherence.

(Choice D) It would be inappropriate to initiate a discussion on nonadherence by warning the patient about dangerous complications. Education about the illness and the importance of adherence should be done in a supportive and nonthreatening manner.

Educational objective:

Physicians should use a nonjudgmental, patient-centered approach in discussing treatment nonadherence. Acknowledging the difficulty of taking medication regularly can strengthen the therapeutic alliance, potentially improving patient receptiveness to educational efforts.

References

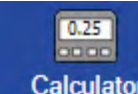
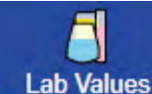
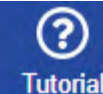
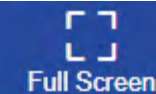




A 48-year-old man comes to the office with his wife for follow-up of major depressive disorder. The patient has been taking sertraline for 2 years, and due to a recurrence of depression, he started bupropion and weekly cognitive behavioral therapy 3 weeks ago. Since then, his energy level has improved, and he is working on communicating more with his wife about his emotions. The patient has no suicidal ideation and is hopeful that he will feel better with continued treatment. A week later, his wife calls the office and states that her husband died by suicide a few days ago. She is tearful on the phone and says, "I thought that he was doing better. I don't understand how this happened." Which of the following is the most appropriate response?

- ☐ A. "He seemed hopeful about his treatment when I last saw him; do you know whether he was taking his medication as prescribed?"
- ☐ B. "I can't imagine how difficult this must be for you; I'm here to answer questions you may have about your husband's illness and treatment."
- ☐ C. "I'm so sorry to hear about this; he seemed to be improving, but there can be a risk of suicidal thoughts with medication changes."
- ☐ D. "I'm very surprised by this too, given how well he was doing at his last appointment; can you tell me more about what happened?"
- ☐ E. "This is definitely upsetting and shocking, and I did not see this coming. Did you notice anything unusual the week leading up to his suicide?"



Submit



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- ☐ A. "He seemed hopeful about his treatment when I last saw him; do you know whether he was taking (0%) his medication as prescribed?"
- ✓ ☒ B. "I can't imagine how difficult this must be for you; I'm here to answer questions you may have (77%) about your husband's illness and treatment."
- ☐ C. "I'm so sorry to hear about this; he seemed to be improving, but there can be a risk of suicidal (6%) thoughts with medication changes."
- ☐ D. "I'm very surprised by this too, given how well he was doing at his last appointment; can you tell (9%) me more about what happened?"
- ☐ E. "This is definitely upsetting and shocking, and I did not see this coming. Did you notice anything (6%) unusual the week leading up to his suicide?"

Correct

 77%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation



The sudden, **unexpected loss** of a loved one produces intense, acute grief. When the cause of death is suicide, the emotional pain may be further complicated by a range of difficult emotions including guilt and anger as well as difficulty comprehending what happened. The need to make sense of the suicide may be especially intense when the family member perceives that the patient was doing better beforehand, as in this case.

After a patient's death, **disclosure of pertinent medical history** (including psychiatric history) is permitted to a personal representative (eg, spouse, parent) under the Health Insurance Portability and Accountability Act (HIPAA). The immediate **postsuicide response** should **acknowledge** the bereaved individual's severe **emotional distress** and offer to **answer questions** related to clinical course and treatment that may help to make sense of what happened. This discussion should be conducted in an open-ended fashion, without making any assumptions about how the bereaved individual is feeling or what they want to know. It is particularly important to help alleviate any sense of inappropriate guilt that the bereaved individuals may be experiencing and make them aware of additional resources to assist with suicide bereavement if needed (eg, grief counseling, suicide bereavement support groups).

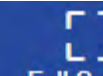
(Choice A) Inquiring if the patient was taking his medication as prescribed inappropriately focuses the conversation on trying to find out specific reasons for the suicide rather than responding to the wife's acute, emotional distress in a compassionate manner that allows for open discussion.

(Choice C) This response attributes the suicide to medication changes when it is unclear to what extent, if any, this was a contributing factor.

(Choice D) This statement empathizes with the wife's shock but asks her to share details of her husband's death, which she may not feel comfortable doing. It is preferable to allow the wife to express her grief and ask any questions she may have about her husband's illness and treatment.

(Choice E) Asking the wife if she noticed anything unusual in the week leading up to the suicide may have the unintended consequence of making her feel that she missed signs and is in some way to blame.

Educational objective:



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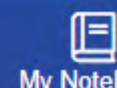
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(Choice E) Asking the wife if she noticed anything unusual in the week leading up to the suicide may have the unintended consequence of making her feel that she missed signs and is in some way to blame.

Educational objective:

Responding to bereaved individuals following a suicide requires a compassionate and open-ended approach. Clinicians should acknowledge the bereaved individual's emotional distress and offer to answer any questions pertaining to clinical course and treatment that may help to make sense of what happened.





A 24-year-old man comes to the office because of mood changes. He has felt depressed, irritable, and anxious nearly every day for 2 months. The patient has difficulty getting out of bed in the mornings and staying focused at work. He has no medical conditions and takes no medications. The patient drinks 3 or 4 beers daily and more on weekends. The physician provides education about the link between alcohol and mood changes. The patient responds, "But it really helps me to unwind and relax after a long workday and makes it easier to fall asleep. It's also how I hang out with my friends on weekends. I can't see quitting." Which of the following is the most appropriate statement by the physician at this time?

- ☐ A. "Alcohol is likely making your depression worse. It will be harder to treat your depression without addressing alcohol."
- ☐ B. "Although you feel alcohol helps you to relax, I am concerned that you are using it to self-medicate your depression."
- ☐ C. "I can understand your reasons for using alcohol. What are the downsides to drinking from your perspective?"
- ☐ D. "I get it, but there are other, healthier ways to relax. Would you be willing to discuss those?"
- ☐ E. "I understand your reasons and see that you are not ready to make a change. I am here to help when you feel ready."





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- ☐ A. "Alcohol is likely making your depression worse. It will be harder to treat your depression without addressing alcohol." (0%)
- ☒ B. "Although you feel alcohol helps you to relax, I am concerned that you are using it to self-medicate your depression." (1%)
- ☐ C. "I can understand your reasons for using alcohol. What are the downsides to drinking from your perspective?" (75%)
- ☐ D. "I get it, but there are other, healthier ways to relax. Would you be willing to discuss those?" (5%)
- ☐ E. "I understand your reasons and see that you are not ready to make a change. I am here to help when you feel ready." (15%)

Incorrect

Correct answer

C



75%

Answered correctly



05 secs

Time Spent



2023

Version

Explanation



Motivational interviewing	
Indications	<ul style="list-style-type: none">Substance use disordersOther behaviors in patients who are not ready to change
Principles	<ul style="list-style-type: none">Acknowledge resistance to changeAddress discrepancies between behavior & long-term goalsEnhance motivation to change (support self-efficacy)Remain nonjudgmental
Technique (OARS)	<ul style="list-style-type: none">Ask Open-ended questions (encourage further discussion)Give AffirmationsReflect & Summarize main points

This patient believes that alcohol plays a beneficial role in his life (helping with relaxation, sleep, and socialization) and explicitly states that he does not want to quit. **Motivational interviewing** is a **patient-centered** approach to help change maladaptive behaviors; it matches strategies to the patient's **stage of readiness** to make a change. The goal is to develop the patient's own intrinsic motivation to change, rather than using pressure to motivate change.

This patient should be educated about the link between mood and alcohol to help him see the discrepancy between continued alcohol use and his goal of not being depressed. However, direct confrontation of his resistance to change (eg, advising the patient not to drink, dwelling on adverse consequences of alcohol use) is likely to make him feel misunderstood, attacked, or criticized and may lead to conflict or defensiveness. It is more productive to **acknowledge** the patient's **resistance** to change as a starting point. This involves reflecting the patient's view that alcohol helps him relax and then encouraging discussion of any downsides to drinking from his perspective. In this way, the patient is encouraged to identify ambivalent feelings about drinking that can help him begin to make his own arguments for change.



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(Choice A) This statement focuses on the negative aspects of alcohol use and insists that it be addressed, which may lead to defensiveness rather than change. Instead, the patient's resistance should be respected, and his internal motivation encouraged.

(Choice B) Although this response initially acknowledges the patient's perspective, it then makes an assumption that may be experienced as judgmental. It would be better to encourage an open-ended discussion about how the patient himself understands his alcohol use.

(Choice D) This approach prematurely focuses on alternative behaviors without first developing the patient's ambivalence about drinking and intrinsic motivation to make a change. The patient should be encouraged to come up with possible alternative behaviors himself rather than forcing suggestions on him.

(Choice E) Although this statement accurately reflects the patient's current lack of readiness to make a change, it





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(Choice E) Although this statement accurately reflects the patient's current lack of readiness to make a change, it does not encourage discussion and prematurely terminates any efforts to facilitate change.

Educational objective:

Motivational interviewing is a patient-centered approach to help change maladaptive behaviors; it matches strategies to the patient's stage of readiness to make a change. This includes acknowledging the patient's resistance and developing the patient's own motivation to change.



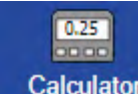
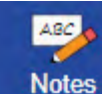
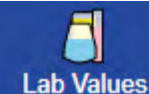
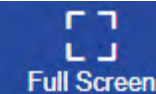


A physician working on a rehabilitation unit discovers that a patient is experiencing an acute allergic reaction to a medication. The physician calls for nursing assistance. When the nurse arrives, the physician instructs the nurse to administer "25 mg of diphenhydramine IV push". Which of the following responses from the nurse ensures a lower risk of communication errors?

- ☐ A. "Preparing 25 mg of diphenhydramine for IV push."
- ☐ B. "I will give 25 mg of diphenhydramine stat."
- ☐ C. "Okay."
- ☐ D. "Order received and completed."
- ☐ E. "Yes, doctor."

Submit








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- ✓ ☒ A. "Preparing 25 mg of diphenhydramine for IV push." (85%)
- ☐ B. "I will give 25 mg of diphenhydramine stat." (12%)
- ☐ C. "Okay." (0%)
- ☐ D. "Order received and completed." (1%)
- ☐ E. "Yes, doctor." (0%)

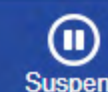
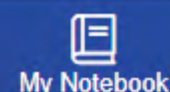
Correct

 85%
Answered correctly 04 secs
Time Spent 2023
Version

Explanation

Clear communication between health care team members is an essential component of high-quality patient care. Errors can occur frequently when communication is unclear or vague, and communication errors are one of the most common factors involved in malpractice claims for medical errors.

Closed-loop communication is a form of effective communication used in health care settings and other high-risk fields. This technique lowers the risk of misunderstandings by ensuring clear communication. It enhances the team's ability to exchange clear, concise information; acknowledges receipt of the information; and confirms its understanding. Closed-loop communication typically involves an individual (the sender) transmitting a message to



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In this situation, the nurse must repeat the order in an accurate and concise manner to convey that the physician's message has been received. The physician should confirm by saying "yes" following the nurse's statement to convey that this is correct.

(Choice B) Although this response conveys that the nurse has comprehended that the patient needs diphenhydramine immediately, it does not convey the nurse's understanding of the correct route of administration.

(Choices C, D, and E) Responses such as these are vague and do not convey whether the nurse has fully and accurately understood the order.

Educational objective:

Health care providers working on a team should employ closed-loop communication, in which team members repeat back the information received to ensure that the correct information has been conveyed. This highly effective form of communication reduces the risk of medical errors in the health care setting.

References

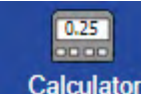
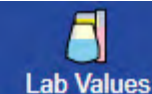


A 17-year-old girl comes to the office for evaluation of worsening vaginal irritation and discharge. She has had multiple sexual partners in the past few months. The patient is adherent with oral contraceptives and inconsistently uses condoms. She has no prior medical conditions and takes no other medications. Urine pregnancy test is negative and urine gonorrhea test is positive. The patient does not want her parents to find out she is having sex and asks if the physician will tell her parents about today's visit. Which of the following is the most appropriate response to this patient?

- ☐ A. "Because gonorrhea is a reportable illness, I am obligated to report it to the health authorities and to your parents."
- ☐ B. "I don't need to inform your parents that you are sexually active, but I will need their consent to prescribe antibiotic treatment."
- ☐ C. "I recommend that you tell your parents about today's visit in case your symptoms become more serious."
- ☐ D. "I will not notify your parents because you can consent to testing and treatment for sexually transmitted infections on your own."
- ☐ E. "You can consent to treatment of gonorrhea, but because you are a minor, I am obligated to notify your parents."

Submit



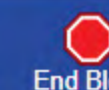
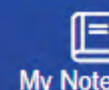


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- ☐ A. "Because gonorrhea is a reportable illness, I am obligated to report it to the health authorities and to your parents." (3%)
- ☒ B. "I don't need to inform your parents that you are sexually active, but I will need their consent to prescribe antibiotic treatment." (5%)
- ☐ C. "I recommend that you tell your parents about today's visit in case your symptoms become more serious." (8%)
- ☒ D. "I will not notify your parents because you can consent to testing and treatment for sexually transmitted infections on your own." (81%)
- ☐ E. "You can consent to treatment of gonorrhea, but because you are a minor, I am obligated to notify your parents." (2%)

IncorrectCorrect answer
D81%
Answered correctly03 secs
Time Spent2023
Version

Explanation



Exceptions to informed consent by parent/guardian in minors	
Emergency care	<ul style="list-style-type: none">• Condition in which treatment delay can cause serious impairment or death
Emancipated minor (adolescents)	<ul style="list-style-type: none">• Parent• Married• Military service• Financially independent• High school graduate• Homeless
Specific medical care (adolescents)	<ul style="list-style-type: none">• Sexually transmitted infection• Substance use disorder (most states)• Pregnancy care (most states)• Contraception

Minors (age <18) usually require **parental consent** for medical treatment; however, consent is generally **not required** in the following situations:

- Legal or situational emancipation (eg, parent, married)
- **Emergency care** in which delay of care could result in significant harm to life or limb
- Specific conditions (eg, sexually transmitted infection [STI], pregnancy, substance abuse) that are potentially **serious, sensitive, or stigmatizing**

Allowing minors to consent for treatment of certain potentially serious medical conditions (eg, **STI**) encourages them to seek services without concern of parental involvement, as in this patient's situation. In most states, minors



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- **Emergency care** in which delay of care could result in significant harm to life or limb
- Specific conditions (eg, sexually transmitted infection [STI], pregnancy, substance abuse) that are potentially **serious, sensitive, or stigmatizing**

Allowing minors to consent for treatment of certain potentially serious medical conditions (eg, **STI**) encourages them to seek services without concern of parental involvement, as in this patient's situation. In most states, minors can also consent to **substance abuse** and **mental health** treatment as well as **reproductive services**, although there may be variations among states (eg, requiring minors to be a minimum age). Some, but not all states, also exclude information about sensitive services from insurance documentation that is sent to the parent (policyholder).

(Choice A) Notification of parents for STIs other than HIV is not mandated in any state.

(Choices B and E) The patient can obtain evaluation and treatment for STIs, including antibiotics, without parental notification or consent.

(Choice C) Although it is often preferable for parents to be involved in their child's care, it should not be automatically assumed that disclosing information would be in the patient's best interest. This response also dismisses the patient's concern about confidentiality and fails to answer her question.

Educational objective:

Minors do not require parental consent for medical treatment of conditions that may be sensitive or stigmatizing such as sexually transmitted infections, pregnancy, and substance abuse.

References

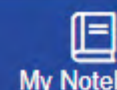
- [Sexual and reproductive health care services in the pediatric setting.](#)





A 25-year-old man is brought to the emergency department by his wife after vomiting at a party. The patient admits to drinking 4 glasses of wine and some vodka and says he feels better now. Temperature is 37.8 C (100 F), blood pressure is 100/50 mm Hg, pulse is 106/min, and respirations are 14/min. Physical examination is remarkable for blood-tinged vomitus on the patient's shirt and shoes. Abdominal examination reveals epigastric tenderness on palpation. On mental status examination, the patient is alert, cooperative, and fully oriented. Blood alcohol level is 70 mg/dL (0.07% blood alcohol content). The physician recommends laboratory evaluation, including complete blood count, comprehensive metabolic panel, amylase, and lipase. The patient insists that he is fine and wants to go home. Which of the following is the most appropriate course of action?

- ☐ A. Ask the patient's wife for consent to proceed with laboratory evaluation
- ☐ B. Discharge the patient with instructions to return to the hospital as needed
- ☐ C. Do not allow the patient to leave the hospital due to elevated blood alcohol content
- ☐ D. Explain the potential risks of leaving the hospital without further evaluation
- ☐ E. Hold patient involuntarily due to imminent medical harm and elevated blood alcohol content



A 25-year-old man is brought to the emergency department by his wife after vomiting at a party. The patient admits to drinking 4 glasses of wine and some vodka and says he feels better now. Temperature is 37.8 C (100 F), blood pressure is 100/50 mm Hg, pulse is 106/min, and respirations are 14/min. Physical examination is remarkable for blood-tinged vomitus on the patient's shirt and shoes. Abdominal examination reveals epigastric tenderness on palpation. On mental status examination, the patient is alert, cooperative, and fully oriented. Blood alcohol level is 70 mg/dL (0.07% blood alcohol content). The physician recommends laboratory evaluation, including complete blood count, comprehensive metabolic panel, amylase, and lipase. The patient insists that he is fine and wants to go home. Which of the following is the most appropriate course of action?

- A. Ask the patient's wife for consent to proceed with laboratory evaluation (4%)

✖

B. Discharge the patient with instructions to return to the hospital as needed (5%)

C. Do not allow the patient to leave the hospital due to elevated blood alcohol content (7%)

✔

D. Explain the potential risks of leaving the hospital without further evaluation (74%)

E. Hold patient involuntarily due to imminent medical harm and elevated blood alcohol content (6%)

Incorrect

Correct answer
D

74%
Answered correctly

05 secs
Time Spent

2023
Version

Explanation

Assessment of decision-making capacity	
Criterion	Patient task

Assessment of decision-making capacity	
Criterion	Patient task
Communicates a choice	Patient able to clearly indicate preferred treatment option
Understands information provided	Patient understands condition & treatment options
Appreciates consequences	Patient acknowledges having condition & likely consequences of treatment options, including no treatment
Rationale given for decision	Patient able to weigh risks & benefits & offer reasons for decision

This patient is declining diagnostic tests and requesting to leave the hospital. Whenever a patient **refuses medical intervention**, decision-making capacity must be assessed. Part of this process includes explaining the risks, benefits, and alternatives to the proposed intervention, including the risks of no intervention, so that the patient can make an informed medical decision.

Alcohol intoxication can result in impaired memory, cognition, and judgment, resulting in an impaired ability to understand information or fully appreciate the consequences of one's decisions. Therefore, given this patient's recent alcohol ingestion, the physician must be especially careful to **assess** the patient's ability to understand the risks of refusing further evaluation. The patient should not be discharged unless his **decision-making capacity** is first judged to be intact **(Choice B)**. If the patient is able to communicate an understanding of his condition and the risks of declining treatment but still refuses, it would be appropriate to discharge him against medical advice.

(Choice A) A surrogate decision-maker, such as the patient's wife, would be necessary only if the patient was judged to lack decision-making capacity.

(Choices C and E) This patient is not at risk of imminent harm, and the blood alcohol level alone is not a criterion for holding him involuntarily. The patient's capacity to make decisions must be assessed. Patients with decision-making capacity have the right to refuse treatment, even if the decision seems unwise.

Understands information provided	Patient understands condition & treatment options
Appreciates consequences	Patient acknowledges having condition & likely consequences of treatment options, including no treatment
Rationale given for decision	Patient able to weigh risks & benefits & offer reasons for decision

This patient is declining diagnostic tests and requesting to leave the hospital. Whenever a patient **refuses medical intervention**, decision-making capacity must be assessed. Part of this process includes explaining the risks, benefits, and alternatives to the proposed intervention, including the risks of no intervention, so that the patient can make an informed medical decision.

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(Choice A) A surrogate decision-maker, such as the patient's wife, would be necessary only if the patient was judged to lack decision-making capacity.

(Choices C and E) This patient is not at risk of imminent harm, and the blood alcohol level alone is not a criterion for holding him involuntarily. The patient's capacity to make decisions must be assessed. Patients with decision-making capacity have the right to refuse treatment, even if the decision seems unwise.

Educational objective:

Patients who refuse medical interventions must be assessed for decision-making capacity. Patients with decision-making capacity have the right to refuse treatment.

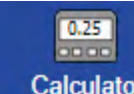
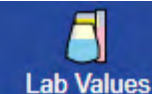
References



A 45-year-old man comes to the emergency department with multiple hand lacerations sustained when he punched his hand through a window. The patient says he "momentarily lost control" when he came home from work to find that his wife had moved out of the home and taken their two children. Temperature is 37.2 C (99 F), blood pressure is 150/88 mm Hg, and pulse is 96/min. The patient has multiple abrasions and cuts on his right hand and is informed that two lacerations will require suturing. The patient is agitated and angrily says, "I've been waiting a really long time and have to get out of here and set things straight with my wife and kids. I don't have time for stitches anymore. You are all incompetent." Which of the following questions is most appropriate in determining the best next step in management of this patient?

- ☐ A. Have you been drinking alcohol or using any illicit drugs?
- ☐ B. Have you been thinking about hurting yourself or someone else?
- ☐ C. I understand you are in a rush, but do you understand that suturing your wounds is top priority?
- ☐ D. What are your plans for getting treatment of your hand injury if you decide to leave now?
- ☐ E. You seem upset. Are you feeling angry about your wife leaving you?








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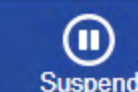
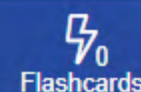
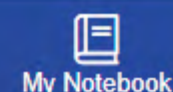
- ☐ A. Have you been drinking alcohol or using any illicit drugs? (2%)
- ✓ ☒ B. Have you been thinking about hurting yourself or someone else? (43%)
- ☐ C. I understand you are in a rush, but do you understand that suturing your wounds is top priority? (14%)
- ☐ D. What are your plans for getting treatment of your hand injury if you decide to leave now? (28%)
- ☐ E. You seem upset. Are you feeling angry about your wife leaving you? (11%)

Correct

 43%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

This patient shows several signs that are concerning for potential violence, including a **recent incident of violent/self-destructive behavior** resulting in injury and **escalating agitation** and angry, demanding behavior in the emergency department. The self-harm incident occurred in the context of an acute and devastating loss. The meaning of his vaguely threatening statement ("have to get out of here and set things straight with my wife and



This patient shows several signs that are concerning for potential violence, including a **recent incident of violent/self-destructive behavior** resulting in injury and **escalating agitation** and angry, demanding behavior in the emergency department. The self-harm incident occurred in the context of an acute and devastating loss. The meaning of his vaguely threatening statement ("have to get out of here and set things straight with my wife and kids") is unclear and a concerning sign for **potential further harm** to himself or his family. His agitation has likely been compounded by a long wait time, and the physician must respond to the patient's impatience to leave and at the same time perform a necessary safety evaluation.

The potential for further violence should be **addressed directly**. The patient should be asked if he is having any **thoughts or impulses to hurt anyone or himself**. If the patient is feeling homicidal and/or suicidal, he should not be allowed to leave the emergency department and should be placed on hold, involuntarily if necessary.

(Choice A) The disinhibiting effects of alcohol or drugs can increase the risk for violence, and asking the patient what he has used can aid in his overall management. However, this patient does not show signs of gross intoxication or withdrawal, which would require immediate treatment. The more critical issue is determining if he is having thoughts of harming himself or others because this would determine the need to hold him in the emergency department.

(Choices C and D) These statements fail to address directly the patient's potential for violence. Determining if this patient is feeling homicidal and/or suicidal is the most critical step in management.

(Choice E) Although this statement attempts to be empathic, it asks a closed-ended yes-or-no question in a leading manner that may irritate the patient and cause him to become defensive. It would be better to ask the patient to talk about what he is going through in an open-ended fashion (eg, "You have been through a lot today. How are you managing it all?").

Educational objective:

In agitated patients, especially those admitted for self-inflicted injuries or recent violence, the potential for further violence should be addressed directly. Patients should be asked if they are having any thoughts or impulses to



violent/self-destructive behavior resulting in injury and **escalating agitation** and angry, demanding behavior in the emergency department. The self-harm incident occurred in the context of an acute and devastating loss. The meaning of his vaguely threatening statement ("have to get out of here and set things straight with my wife and kids") is unclear and a concerning sign for **potential further harm** to himself or his family. His agitation has likely been compounded by a long wait time, and the physician must respond to the patient's impatience to leave and at the same time perform a necessary safety evaluation.

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Educational objective:

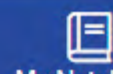
In agitated patients, especially those admitted for self-inflicted injuries or recent violence, the potential for further violence should be addressed directly. Patients should be asked if they are having any thoughts or impulses to hurt themselves or others.





A medical intern is working on the inpatient wards at a busy community hospital. During rounds, the team evaluates a new patient admitted for worsening congestive heart failure. The patient's past medical history includes atherosclerotic coronary artery disease, diabetes mellitus, and pulmonary hypertension. Current medications include metformin, aspirin, and enalapril. On previous admissions, the patient admitted to using cocaine recreationally with friends and admits to the intern that his last use was today. The attending physician asks the intern to start the patient on propranolol for his heart condition; he will be expected to continue this medication following hospital discharge. After rounds, the intern recalls that during medical school she learned that beta adrenergic antagonists can interact poorly with cocaine. Which of the following actions by the intern is most appropriate?

- ☐ A. Administer the drug as the attending physician has likely considered the risks and benefits of a beta blocker in combination with cocaine
- ☐ B. Discuss concerns with the nurses, ask for their input, and have them monitor the patient's vital signs when starting the medication
- ☐ C. Discuss the risks and benefits of the medication with the patient and let him decide whether to take it
- ☐ D. Do not order the medication as the most important principle in medicine is to "do no harm"
- ☐ E. Do not order the medication until discussing concerns with the attending physician and asking how to proceed

Submit

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- A. Administer the drug as the attending physician has likely considered the risks and benefits of a beta blocker in combination with cocaine

(0%)
- B. Discuss concerns with the nurses, ask for their input, and have them monitor the patient's vital signs when starting the medication

(0%)
- ✗

C. Discuss the risks and benefits of the medication with the patient and let him decide whether to take it

(0%)
- D. Do not order the medication as the most important principle in medicine is to "do no harm"

(1%)
- ✓

E. Do not order the medication until discussing concerns with the attending physician and asking how to proceed

(96%)

Incorrect

Correct answer
E

96%
Answered correctly

03 secs
Time Spent

2023
Version

Explanation

Interns on a medical team should not blindly follow the orders of attending physicians or physicians who have more seniority. As part of the educational process, it is essential to **understand** the **clinical reasoning** behind **team members' decisions**. It is in the best interest of both the intern and the patient to resolve potential problems before proceeding. This concept applies to the relationship between residents and attending physicians, physicians working in parallel (eg, anesthesiologist and surgeon), and medical students and other medical staff. The best approach is to **respectfully discuss** the issue directly with the attending physician and **inquire why the decision was made**. In this case, the attending physician may feel that the cardioprotective benefit of a beta-adrenergic antagonist outweighs the potential risk of an interaction with cocaine.

(Choice A) It is unethical to blindly follow an order from an attending physician when there is concern about safety and patient care. The best course of action is to discuss the issue with the other physician and reach a consensus.

(Choice B) Although seasoned nurses will have acquired a considerable amount of medical knowledge, it is not their job to decide between the differing opinions of 2 physicians. In addition, administering a medication that could have an adverse reaction is problematic, even if vital signs are being monitored.

(Choice C) It is appropriate to explain the risks and benefits of the medication to the patient, who ultimately decides whether to take it. However, it is unprofessional to involve the patient before clarifying the rationale for the attending's recommendation.

(Choice D) It is unprofessional to refuse to follow the suggestions of an attending physician without first consulting him or her (if the attending is directly responsible for care of the patient, as in this case).

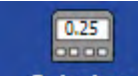
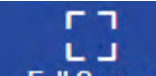
Educational objective:
Physicians are ethically obligated to question orders that raise concern about potential harm to patients. Issues should initially be discussed directly with the physician who made the order and not involve ancillary staff.



A 13-year-old boy is brought to the physician by his mother for a routine physical examination and follow-up of type 1 diabetes mellitus. The patient appears irritated, and his mother begins the visit by exclaiming, "Here's the doctor; he's going to tell you how badly you've been doing." Laboratory tests show a random blood glucose of 350 mg/dL and a hemoglobin A1c of 9% (normal: <6%-7%). When the physician asks the patient how he is doing with his insulin, the mother interrupts and shouts, "He never remembers to use it!" When the boy is asked about his diet, the mother puts her hands on her hips, glares at her son, and says, "Pizza, soda, and candy!" After acknowledging the mother's concerns regarding diabetic control, which of the following is the most appropriate course of action?




- ☐ A. Ask the mother if she has any concerns about the patient's mood
- ☐ B. Ask the patient if he agrees with his mother's responses
- ☐ C. Ask the patient if he has felt irritable most days of the week
- ☐ D. Explain to the mother that her critical tone may discourage the patient
- ☐ E. Request to speak with the patient alone

Submit



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- ☐ A. Ask the mother if she has any concerns about the patient's mood (0%)
- ☒ B. Ask the patient if he agrees with his mother's responses (7%)
- ☐ C. Ask the patient if he has felt irritable most days of the week (1%)
- ☐ D. Explain to the mother that her critical tone may discourage the patient (3%)
- ☐ E. Request to speak with the patient alone (87%)

IncorrectCorrect answer
E 87%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

This patient's type 1 diabetes mellitus is poorly managed on his current treatment regimen, as indicated by a random blood glucose >200 mg/dL and hemoglobin A1c of 9.0%. The physician is confronted by an angry, critical parent who does not allow the patient to speak. Continuing the visit in the presence of the patient's mother will likely lead to unproductive conflict or the patient pacifying his mother by agreeing with her or allowing her to continue to speak for him (**Choice B**).



Explanation

This patient's type 1 diabetes mellitus is poorly managed on his current treatment regimen, as indicated by a random blood glucose >200 mg/dL and hemoglobin A1c of 9.0%. The physician is confronted by an angry, critical parent who does not allow the patient to speak. Continuing the visit in the presence of the patient's mother will likely lead to unproductive conflict or the patient pacifying his mother by agreeing with her or allowing her to continue to speak for him **(Choice B)**.

The best course of action is to acknowledge the mother's concerns and politely ask her to wait outside while the physician speaks with the patient privately. This will allow the patient to be more open about his difficulty managing his diabetes and to discuss any personal concerns that may be having an impact. All **adolescent visits** should include an opportunity to **interview the patient alone** to discuss topics such as drugs, alcohol, tobacco, and sexual activity.

(Choices A and C) Although this patient appears irritable and assessing his mood further is important, this should be done with the patient alone, where he can openly describe how he is feeling without his mother present. Although asking the mother if she has concerns about her son's mood may provide additional information, it is unlikely to give an accurate picture of his mood given the mother's angry frustration with his behavior.

(Choice D) This statement is likely to be perceived as judgmental and to antagonize the mother, especially if it is delivered in front of the patient. A more productive approach is to speak with the patient privately and model appropriate behavior in joint discussions with the patient and mother.

Educational objective:

In situations in which a parent's presence may interfere with obtaining honest answers from an adolescent patient, physicians should politely ask the parent to wait outside and interview the patient privately. All adolescent visits should include an opportunity to interview the patient alone to discuss topics such as drugs, alcohol, tobacco, and sexual activity.



A 4-year-old girl is sent to the emergency department from her day care center due to fever, right ear pain, and repeated vomiting. Examination shows a bulging, cloudy tympanic membrane associated with erythema, swelling, and tenderness over the right mastoid. CT scan reveals opacification of the mastoid air cells with destruction of bony septa. When the patient's parents arrive, they report that the patient has had recurrent episodes of otitis media. However, the parents decline antibiotic therapy, stating, "In our family, we believe that natural healing techniques are better than shooting up our children with chemicals." Which of the following is the most appropriate response to the parents' statement?

- ☐ A. "Can you please tell me what you currently understand about your child's infection?"
- ☐ B. "Help me understand what natural treatments you are willing to allow."
- ☐ C. "I understand your concerns about medication side effects, but antibiotic treatment is necessary."
- ☐ D. "If we don't give your child antibiotics, she could get a brain abscess and die."
- ☐ E. "We can try natural techniques briefly, but if she doesn't get better, we will have to use antibiotics."



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- ✓

☐

A. "Can you please tell me what you currently understand about your child's infection?" (58%)
- ✗

☒

B. "Help me understand what natural treatments you are willing to allow." (17%)
- ☐

C. "I understand your concerns about medication side effects, but antibiotic treatment is necessary." (18%)
- ☐

D. "If we don't give your child antibiotics, she could get a brain abscess and die." (2%)
- ☐

E. "We can try natural techniques briefly, but if she doesn't get better, we will have to use antibiotics." (2%)

Incorrect

Correct answer
A

58%

Answered correctly

03 secs

Time Spent

2023

Version

Explanation

Approach to treatment refusal	
	<ul style="list-style-type: none">Self: legal/competent adult or emancipated minor

Approach to treatment refusal	
Determine legal decision-maker	<ul style="list-style-type: none">Self: legal/competent adult or emancipated minorSurrogate decision-maker: parent/guardian, specified proxy, default surrogate (eg, spouse, adult child)
Counsel decision-maker	<ul style="list-style-type: none">Assess level of understanding, health literacyExplain natural history of disease, pros & cons of treatment options
Continued refusal	<ul style="list-style-type: none">For life-sustaining treatment:<ul style="list-style-type: none">Engage care team, social servicesConsult facility ethics committeeInitiate legal action for court orderIf immediate care is needed (eg, life- or limb-threatening condition):<ul style="list-style-type: none">Provider should administer care over surrogate refusal

This child with a history of recurrent otitis media now has acute mastoiditis, a purulent infection of the mastoid air cells. **Untreated mastoiditis** can lead to serious complications, including **brain abscess and death**, and requires aggressive management. Initial treatment includes parenteral antibiotics, and patients often require surgical intervention.

Patients and surrogate decision-makers (eg, parents, guardians) often have limited understanding of serious but uncommon conditions, such as mastoiditis. They also may have misconceptions regarding the potential risks and benefits of medical treatment. Decision-making can be further complicated by the urgency to make life-or-death decisions quickly in unfamiliar environments (eg, emergency department).

The initial step in counseling patients and surrogate decision-makers regarding **refusal of treatment** is to calmly probe their **understanding of the disease process**. This can be followed by **counseling and education** tailored to the decision-maker's **level of understanding and health literacy** and an objective assessment of treatment

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The initial step in counseling patients and surrogate decision-makers regarding **refusal of treatment** is to calmly probe their **understanding of the disease process**. This can be followed by **counseling and education** tailored to the decision-maker's **level of understanding and health literacy** and an objective assessment of treatment options. Although a court order may be necessary to compel the parents to allow life-saving treatment, legal action can be distressing to all involved. Often, once the disease process and treatment options are better understood, decision-makers become less resistant to treatment.

(Choice B) For non–life-threatening conditions for which standard therapies are undesirable or ineffective, clinicians can lend their expertise to patients regarding nonstandard therapies, even if the clinician does not fully endorse such therapies. However, there are no nonpharmacologic therapies that are adequate for treating mastoiditis.

(Choice C) This statement begins with an appropriate gesture of concern. However, it is inadequate because it simply reiterates treatment recommendations and does not attempt to provide the information needed for the patient's parents to make an informed decision.

(Choice D) Although discussion with this child's family should include the risks of untreated mastoiditis, presenting scare tactics and worst-case scenarios is likely only to further distress the family and inhibit rational decision-making.



The initial step in counseling patients and surrogate decision-makers regarding **refusal of treatment** is to calmly probe their **understanding of the disease process**. This can be followed by **counseling and education** tailored to the decision-maker's **level of understanding and health literacy** and an objective assessment of treatment options. Although a court order may be necessary to compel the parents to allow life-saving treatment, legal action can be distressing to all involved. Often, once the disease process and treatment options are better understood, decision-makers become less resistant to treatment.

(Choice B) For non–life-threatening conditions for which standard therapies are undesirable or ineffective, clinicians can lend their expertise to patients regarding nonstandard therapies, even if the clinician does not fully endorse such therapies. However, there are no nonpharmacologic therapies that are adequate for treating mastoiditis.

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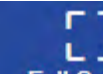
(Choice D) Although discussion with this child's family should include the risks of untreated mastoiditis, presenting scare tactics and worst-case scenarios is likely only to further distress the family and inhibit rational decision-making.

(Choice E) Delayed treatment of mastoiditis is not recommended. Wasting time with ineffective treatments will only delay having a more appropriate conversation.

Educational objective:

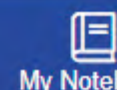
Patients and surrogate decision-makers often have misconceptions regarding medical conditions and the potential risks and benefits of treatment. The initial step in counseling patients and surrogate decision-makers regarding treatment refusal is to calmly probe their understanding of the disease process. This can be followed by counseling and education tailored to the decision-maker's level of understanding and health literacy.

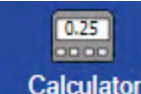
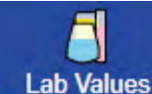




A 67-year-old man is brought to the emergency department by ambulance due to altered mental status. He was having dinner with his daughter when he suddenly became confused and slumped over. The patient has a history of atrial fibrillation for which he takes an oral anticoagulant. He is widowed and lives with his daughter. Blood pressure is 208/113 mm Hg, pulse is 64/min and irregular, and respirations are 15/min. Oxygen saturation is 88% on room air. The patient is obtunded and unable to follow commands. Pupils are midsized and unresponsive to light. The physician determines that intubation is necessary at this time to protect the patient's airway and asks for consent from the daughter and older son who are at the bedside. They tell the physician that the patient does not have an advance directive and that they are unsure how to proceed. Which of the following is the most appropriate next step in decision-making for this patient?




- ☐ A. Ask the daughter to make a decision based on what she thinks is the best for the patient because he lives with her
- ☐ B. Ask the son to make a decision based on what he thinks is the best for the patient because he is older and has legal authority
- ☐ C. Ask them both to make a decision based on what they think is in the best interest of the patient
- ☐ D. Ask them both to make a decision based on what they think the patient would have wanted if he were able to make the decision
- ☐ E. Offer to make the decision on the patient's behalf based on the physician's best medical judgment

[Submit](#)



A 67-year-old man is brought to the emergency department by ambulance due to altered mental status. He was having dinner with his daughter when he suddenly became confused and slumped over. The patient has a history of atrial fibrillation for which he takes an oral anticoagulant. He is widowed and lives with his daughter. Blood pressure is 208/113 mm Hg, pulse is 64/min and irregular, and respirations are 15/min. Oxygen saturation is 88% on room air. The patient is obtunded and unable to follow commands. Pupils are midsized and unresponsive to light. The physician determines that intubation is necessary at this time to protect the patient's airway and asks for consent from the daughter and older son who are at the bedside. They tell the physician that the patient does not have an advance directive and that they are unsure how to proceed. Which of the following is the most appropriate next step in decision-making for this patient?

- ☐ A. Ask the daughter to make a decision based on what she thinks is the best for the patient because he lives with her (3%)
- ☒ B. Ask the son to make a decision based on what he thinks is the best for the patient because he is older and has legal authority (7%)
- ☐ C. Ask them both to make a decision based on what they think is in the best interest of the patient (9%)
- ☒ D. Ask them both to make a decision based on what they think the patient would have wanted if he were able to make the decision (65%)
- ☐ E. Offer to make the decision on the patient's behalf based on the physician's best medical judgment (13%)

IncorrectCorrect answer
D 65%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation



Next-of-kin surrogate decision maker	
Patient selection	<ul style="list-style-type: none">• Inability to communicate wishes regarding medical decision-making• Advance directive not available or applicable• No previously designated surrogate decision maker
Surrogate selection	<ul style="list-style-type: none">• Priority to patient's spouse• Alternate: adult children, parents, adult siblings, other family members
Implementation	<ul style="list-style-type: none">• Substituted judgment: what the patient, not family, would have wanted• Decisions in the patient's best interest

This patient is critically ill and unresponsive, likely due to an intracerebral hemorrhage, and endotracheal intubation for airway protection is indicated.

When patients lack capacity to make a medical decision (eg, obtunded, nonresponsive), advance directives (eg, living will, health care proxy) inform medical care based on previous legally documented patient preferences. However, in the **absence of an advance directive** and a patient-designated decision-maker, authority for medical decision-making falls to a default **surrogate decision-maker** (eg, spouse, adult child, parent).

The hierarchy of surrogate decision-makers is based on **proximity of relationship**. Because this patient's spouse is deceased, his **adult children** would be next in line as default surrogates. With all substitute decision-makers, there is an obligation to give instructions in accordance with what the patient would have chosen (ie, **substituted judgment standard**) in that scenario. In doing so, priority is placed on respecting and protecting the patient's autonomy, directing decision-making away from the substitute decision-maker's own preferences.

(Choices A and B) Next of kin is not determined by current living situation or birth order; both adult children have equal standing and should be encouraged to make decisions jointly.

(Choice C) All surrogates are charged to make decisions based on what the patient would have chosen in the



for airway protection is indicated.

When patients lack capacity to make a medical decision (eg, obtunded, nonresponsive), advance directives (eg, living will, health care proxy) inform medical care based on previous legally documented patient preferences. However, in the **absence of an advance directive** and a patient-designated decision-maker, authority for medical decision-making falls to a default **surrogate decision-maker** (eg, spouse, adult child, parent).

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(Choices A and B) Next of kin is not determined by current living situation or birth order; both adult children have equal standing and should be encouraged to make decisions jointly.

(Choice C) All surrogates are charged to make decisions based on what the patient would have chosen in the situation (ie, substituted judgment standard). However, if the surrogates cannot determine what the patient would have chosen, only then should the decision be made based on "what they think is in the best interest" of the patient (ie, what most people in that situation would want).

(Choice E) A physician may institute emergency life-saving measures without consent if no substitute decision-maker is available, but in this case suitable substitute decision-makers are immediately available and should be asked to make the decision.

Educational objective:

Direction for medical care can be obtained from an advance directive, either a living will or previously designated health care proxy. In the absence of an advance directive, decision-making falls to a default surrogate who is responsible for making decisions based on what the patient would have chosen (substituted judgment standard).



for airway protection is indicated.

Exhibit Display

Hierarchy of substitute decision makers*		
<div>Highest authority</div> <div></div> <div>Lowest authority</div>	Patient-designated proxy (eg, durable power of attorney)	
	Court-appointed guardian**	
	Next of kin (default surrogate)	Spouse/partner
		Adult children
		Parents
		Adult siblings
		Other adult relatives
		Unrelated friends

*Decisions guided by substituted judgment standard (ie, what the patient would have chosen).

**Usually appointed only if the patient is not competent to designate a proxy.



A 19-year-old woman comes to the clinic due to nausea and abdominal pain. She struggles to describe the pain and frequently points to her lower abdomen. The patient shakes her head no when asked if she could be pregnant or is sexually active. When she is asked about her last menstrual period, she nods affirmatively and says "now." She is single and immigrated to the United States from a country in South America several months ago. Physical examination shows moderate abdominal tenderness with no rebound or guarding and vital signs are stable. The patient is discharged home with a diagnosis of food poisoning. Later that day, she is taken by ambulance to the emergency department after experiencing severe abdominal pain followed by loss of consciousness. A diagnosis of ruptured ectopic pregnancy is made. Which of the following interventions would most likely have prevented the delay in diagnosis?

- ☐ A. Asking the patient whether she feels comfortable discussing sexual issues
- ☐ B. Assessing the patient's cultural health beliefs
- ☐ C. Assessing the patient's current social situation
- ☐ D. Calling family members to obtain additional history
- ☐ E. Determining whether the patient needs language assistance





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- ☐ A. Asking the patient whether she feels comfortable discussing sexual issues (9%)
- ☒ B. Assessing the patient's cultural health beliefs (0%)
- ☐ C. Assessing the patient's current social situation (1%)
- ☐ D. Calling family members to obtain additional history (0%)
- ☐ E. Determining whether the patient needs language assistance (87%)

IncorrectCorrect answer
E87%
Answered correctly03 secs
Time Spent2023
Version

Explanation

Nearly 20% of the United States population speaks languages other than English at home. It is therefore essential that physicians assess language proficiency when delivering care to immigrant populations. This patient's immigrant background and difficulty describing her pain should raise concern about limited English proficiency.



Explanation

Nearly 20% of the United States population speaks languages other than English at home. It is therefore essential that physicians assess language proficiency when delivering care to immigrant populations. This patient's immigrant background and difficulty describing her pain should raise concern about limited English proficiency (LEP) and the need for a qualified medical interpreter. In the United States, patients with LEP experience a variety of health care disparities, including reduced clinical encounter time, substandard medical treatment, and higher rates of adverse events and preventable medical errors. The safety of LEP patients is particularly jeopardized in high-risk clinical situations such as emergency department care, surgical care, hospital discharge, and medical reconciliation.

A useful screening technique to assess language proficiency is to ask the patient, "How well do you speak English: Not at all, not well, well, or very well?" An interpreter is appropriate for patients who cannot respond or respond "not well." Recommended interventions to prevent adverse events include providing a qualified medical interpreter in high-risk clinical situations and providing translated educational materials. Using the "teach back" method (in which patients are asked to "teach" the physician what was just explained to them) can also serve to confirm understanding.

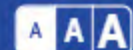
(Choices A, B, and C) Understanding cultural and social factors and sensitivity in obtaining a sexual history are important components of patient-centered care. However, addressing a potential language barrier takes precedence.

(Choice D) Contacting the patient's family is unlikely to be productive and may violate patient confidentiality.

Educational objective:

Physicians must be able to identify patients with limited English proficiency and ensure that professional interpreters are made available in high-risk clinical situations.

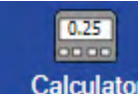
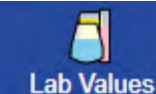
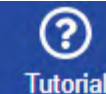
References



A 65-year-old man is brought to the emergency department by a friend who found the patient disoriented in his apartment. The patient's medical history includes chronic obstructive pulmonary disease, hypertension, coronary artery disease, and tobacco use. He is unmarried and lives alone. The friend says that the patient has a sister who lives in the area but is unaware of when they last spoke. The friend has known the patient for 5 years and says that they are "good buddies." He tells the physician that they have discussed dying and that he believes the patient would prefer to "go naturally" and would refuse any heroic measures, including "being hooked up to a ventilator." Temperature is 39 C (102.2 F), blood pressure is 120/80 mm Hg, pulse is 105/min, and respirations are 24/min. Oxygen saturation is 88% on room air and 93% on 2 L of oxygen. The patient is somnolent and unable to answer questions. The lungs have bilateral wheezing and decreased breath sounds. Chest x-ray reveals a right lower lobe infiltrate. Appropriate bronchodilator and antibiotic therapies are initiated. The physician is concerned about the need for intubation if the patient does not respond to initial treatment in the next 2-3 hours. Which of the following is the most appropriate course of action?




- ☐ A. Attempt to contact the patient's sister for consent to intubate
- ☐ B. Consult the hospital ethics committee
- ☐ C. Do not intubate based on the friend's report of the patient's wishes
- ☐ D. Plan to proceed with intubation when the need arises
- ☐ E. Wait to see if the patient's condition improves on therapy and he can sign consent

Submit



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- ✓ ☐ A. Attempt to contact the patient's sister for consent to intubate (60%)
- ✗ ☒ B. Consult the hospital ethics committee (7%)
- ☐ C. Do not intubate based on the friend's report of the patient's wishes (9%)
- ☐ D. Plan to proceed with intubation when the need arises (16%)
- ☐ E. Wait to see if the patient's condition improves on therapy and he can sign consent (6%)

IncorrectCorrect answer
A 60%
Answered correctly 04 secs
Time Spent 2023
Version

Explanation



Next-of-kin surrogate decision maker	
Patient selection	<ul style="list-style-type: none">• Inability to communicate wishes regarding medical decision-making• Advance directive not available or applicable• No previously designated surrogate decision maker
Surrogate selection	<ul style="list-style-type: none">• Priority to patient's spouse• Alternate: adult children, parents, adult siblings, other family members
Implementation	<ul style="list-style-type: none">• Substituted judgment: what the patient, not family, would have wanted• Decisions in the patient's best interest

This patient has acute pneumonia complicated by hypoxemia and confusion. He is noncommunicative and unable to give consent regarding invasive ventilation. In such cases, consent can often be obtained from an advance directive, either a living will (ie, document specifying consent for certain life-prolonging interventions) or designated surrogate decision-maker (eg, durable power of attorney) if available. In the **absence of a living will or designated surrogate**, **decision-making** falls to the **next of kin** (typically the patient's spouse, adult child, parent, or adult sibling determined by the proximity of relationship).

Therefore, this patient's sister (next of kin) should be contacted regarding consent to intubate. In nonemergent situations, surrogates are responsible for making decisions based on what they believe the patient would want (ie, **substituted judgment**) and the patient's **best interest**.

(Choice B) A facility ethics committee may be convened when equal surrogate decision-makers (eg, multiple adult children) disagree or there is reason to suspect that the surrogate is not acting in the patient's interest. In this case, the need to contact the patient's sister is straightforward and does not require ethics committee input.

(Choice C) The patient's friend does not have priority over next of kin for decision-making. If no family members are available, then the advice of his friend could be considered in substituted judgment.



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(Choice C) The patient's friend does not have priority over next of kin for decision-making. If no family members are available, then the advice of his friend could be considered in substituted judgment.

(Choice D) In an emergency, the physician should use clinical judgment and act promptly, and can do so without consent if necessary. However, in this case, intubation is not emergent, so an effort should be made to contact the patient's sister first.

(Choice E) Waiting for the patient's mental status to improve would be inappropriate, given that his respiratory status may deteriorate rapidly.

Educational objective:

When a patient is unable to give consent for care and does not have a designated surrogate, decision-making capacity falls to the next of kin, generally determined by the proximity of relationship. In an emergency, the physician can treat an incapacitated patient without obtaining consent.



- Alternate: adult children, parents, adult siblings, other family members

Exhibit Display

Hierarchy of substitute decision makers*		
<div>Highest authority</div> <div></div> <div>Lowest authority</div>	Patient-designated proxy (eg, durable power of attorney)	
	Court-appointed guardian**	
	Next of kin (default surrogate)	Spouse/partner
		Adult children
		Parents
		Adult siblings
		Other adult relatives
	Unrelated friends	

*Decisions guided by substituted judgment standard (ie, what the patient would have chosen).
**Usually appointed only if the patient is not competent to designate a proxy.

Educational objective:



A 48-year-old deaf man comes to the office for a new patient visit. The patient recently moved to the area and is accompanied by a friend with whom he communicates using American Sign Language. The office staff informs the physician that the patient has also been communicating by reading lips, using gestures, and nodding his head in agreement. At the start of the appointment, the friend says that the patient has asthma and uses an inhaler as needed. The patient gives the physician a handwritten note indicating that he would like to try a longer-acting inhaler. Which of the following is the most appropriate next step in evaluation of this patient?

- ☐ A. Ask the patient's friend to continue providing interpretation
- ☐ B. Continue the evaluation through written communication
- ☐ C. Obtain further history by having the patient fill out a detailed form
- ☐ D. Speak slowly and enunciate to allow the patient to read lips
- ☐ E. Use a qualified American Sign Language interpreter

Submit



A 48-year-old deaf man comes to the office for a new patient visit. The patient recently moved to the area and is accompanied by a friend with whom he communicates using American Sign Language. The office staff informs the physician that the patient has also been communicating by reading lips, using gestures, and nodding his head in agreement. At the start of the appointment, the friend says that the patient has asthma and uses an inhaler as needed. The patient gives the physician a handwritten note indicating that he would like to try a longer-acting inhaler. Which of the following is the most appropriate next step in evaluation of this patient?

- A. Ask the patient's friend to continue providing interpretation (2%)
- ✗ ☒

B. Continue the evaluation through written communication (9%)
- C. Obtain further history by having the patient fill out a detailed form (3%)
- D. Speak slowly and enunciate to allow the patient to read lips (4%)
- ✓ ☐

E. Use a qualified American Sign Language interpreter (79%)

Incorrect

Correct answer
E

79%
Answered correctly

05 secs
Time Spent

2023
Version

Explanation

Communicating with deaf & hard of hearing patients	
Modes of	<ul style="list-style-type: none">• Interpreter (or provider) fluent in medical communication & American Sign Language• Alternate modes:<ul style="list-style-type: none">◦ Computer-assisted real-time transcription◦ Assistive listening devices

Communicating with deaf & hard of hearing patients	
Modes of communication	<ul style="list-style-type: none">• Interpreter (or provider) fluent in medical communication & American Sign Language• Alternate modes:<ul style="list-style-type: none">◦ Computer-assisted real-time transcription◦ Assistive listening devices◦ Lip reading*◦ Family/friends*◦ Written communication*
Supplemental measures	<ul style="list-style-type: none">• Printed information sheets• Captioned videos
* Not recommended unless preferred by the patient.	

This deaf patient is communicating with health care providers using standardized **American Sign Language (ASL)** via a surrogate, nonstandard gestures, lip reading, and handwritten notes. However, in general, the most accurate and effective method of communication is to use a **medical interpreter** (or provider) trained in ASL.

As with spoken languages, communicating medical information in ASL requires **precise wording** and use of terminology that is not typically used by lay persons in daily communication. Using a trained medical ASL interpreter can help to avoid potentially dangerous miscommunication. As with any nonprovider personnel, the use of an ASL interpreter is subject to patient preference and consent and should be offered to all deaf and hard of hearing patients. If a face-to-face interpreter is unavailable, alternate modes of communication include computer-assisted real-time transcription and assistive listening devices.

(Choice A) Friends and family members are not preferred for interpretation due to lack of impartiality, unfamiliarity with medical terminology, and possible barriers to open discussion of sensitive topics (eg, domestic abuse). Even though this patient has used his friend to assist in communication, this method should not be used unless the



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(Choice A) Friends and family members are not preferred for interpretation due to lack of impartiality, unfamiliarity with medical terminology, and possible barriers to open discussion of sensitive topics (eg, domestic abuse). Even though this patient has used his friend to assist in communication, this method should not be used unless the patient specifically requests it.

(Choice B) Handwriting can be time-consuming, leading to use of abbreviations and shortcuts; many nuances can be lost or misinterpreted, and information may be left out for the sake of brevity. Therefore, writing is not recommended as the primary mode of communication.

(Choice C) Supplemental communication measures can include written information sheets, standardized questionnaires, and captioned educational videos; however, the information conveyed by these modalities is limited, and they should not be used as the primary method of communication.

(Choice D) Many deaf and hard of hearing individuals learn lip reading and expressive gestures to facilitate communication in casual settings. However, these methods are subject to error or misunderstanding and should not be relied on as a primary communication modality in health care.

Educational objective:



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(Choice D) Many deaf and hard of hearing individuals learn lip reading and expressive gestures to facilitate communication in casual settings. However, these methods are subject to error or misunderstanding and should not be relied on as a primary communication modality in health care.

Educational objective:

Deaf and hard of hearing patients should be offered the services of an interpreter trained in medical translation and American Sign Language, subject to patient preference and consent. Alternate modes of communication include computer-assisted real-time transcription and assistive listening devices.



A 38-year-old recently homeless woman and her 35-year-old boyfriend come to a community clinic seeking care for her pregnancy at 27 weeks. She also brings her 19-year-old son, who has cerebral palsy and has not had consistent medical care. The patient explains to the social worker that the family was recently evicted from their apartment for failure to pay rent after her boyfriend lost his job. Which of these individuals is eligible for Medicare coverage?

- ☐ A. The woman
- ☐ B. The woman's boyfriend
- ☐ C. The woman's child when it is born
- ☐ D. The woman's disabled son
- ☐ E. The woman, her boyfriend, and her son





A 38-year-old recently homeless woman and her 35-year-old boyfriend come to a community clinic seeking care for her pregnancy at 27 weeks. She also brings her 19-year-old son, who has cerebral palsy and has not had consistent medical care. The patient explains to the social worker that the family was recently evicted from their apartment for failure to pay rent after her boyfriend lost his job. Which of these individuals is eligible for Medicare coverage?

- ☐ A. The woman (6%)
- ☒ B. The woman's boyfriend (1%)
- ☐ C. The woman's child when it is born (4%)
- ☒ D. The woman's disabled son (68%)
- ☐ E. The woman, her boyfriend, and her son (19%)

IncorrectCorrect answer
D68%
Answered correctly03 secs
Time Spent2023
Version

Explanation

Medicare is a federal socialized medical insurance program that covers select individuals. It provides health insurance for patients age 65 and older who have worked and paid into the system (ie, have paid taxes). Individuals must also hold residence and citizenship in the United States. Medicare also covers younger individuals with disabilities, end-stage renal disease, or amyotrophic lateral sclerosis. Medicare consists of several parts, with Part A covering inpatient hospital visits, Part B covering a select number of outpatient services and medical devices, Part C as an optional capitated plan with additional benefits (vision, dental), and Part D as an optional prescription drug plan. Medicare is different from Medicaid, a state-run medical insurance program that



Item 13 of 40

Question Id: 11602

Mark

Previous

Next

Full Screen

Tutorial

Lab Values

Notes

Calculator

Reverse Color

Text Zoom

Settings

Correct answer

D

88%

Answered correctly

00:30:03

Time Spent

2023

Version

Explanation

Medicare is a federal socialized medical insurance program that covers select individuals. It provides health insurance for patients age 65 and older who have worked and paid into the system (ie, have paid taxes). Individuals must also hold residence and citizenship in the United States. Medicare also covers younger individuals with disabilities, end-stage renal disease, or amyotrophic lateral sclerosis. Medicare consists of several parts, with Part A covering inpatient hospital visits, Part B covering a select number of outpatient services and medical devices, Part C as an optional capitated plan with additional benefits (vision, dental), and Part D as an optional prescription drug plan. Medicare is different from Medicaid, a state-run medical insurance program that covers the homeless, undocumented immigrants, pregnant women, and low-income families.

In this situation, only the disabled son would be eligible for Medicare.

(Choices A, B, C, and E) The pregnant woman, her boyfriend, and the child (when born) can be covered by Medicaid only, not Medicare.

Educational objective:

Medicare is a federal socialized medical insurance program that covers individuals age 65 and older who have a work history and younger individuals with disabilities.

References

- Special issues for younger Medicare beneficiaries with disabilities.

Behavioral science

Subject

Social Sciences (Ethics/Legal/Professional)

System

Health insurance

Topic

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My Notebook

Flashcards

Feedback

Suspend

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A 38-year-old woman is admitted to the hospital overnight due to cellulitis. The next morning, the hospitalist on service introduces herself to the patient and asks how she is feeling. The patient angrily says, "It's almost lunchtime, and I still haven't gotten my breakfast. How am I supposed to get better when you're starving me?" The patient has an order to receive a regular diet. Which of the following is the most appropriate response by the physician?

- ☐ A. "Hunger can make anyone upset, so I'll come back after you've eaten."
- ☐ B. "I apologize for the delay, but I'm sure your food will be here shortly."
- ☐ C. "I'm sorry for the delay, but I don't control when meals are served, so please let your nurse know."
- ☐ D. "Since I am here, let me examine you first and follow up on your breakfast afterward."
- ☐ E. "You must be very hungry, so let me find out what happened to your meal."

Submit





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- ☐ A. "Hunger can make anyone upset, so I'll come back after you've eaten." (0%)
- ✗ ☒ B. "I apologize for the delay, but I'm sure your food will be here shortly." (13%)
- ☐ C. "I'm sorry for the delay, but I don't control when meals are served, so please let your nurse know." (1%)
- ☐ D. "Since I am here, let me examine you first and follow up on your breakfast afterward." (7%)
- ✓ ☐ E. "You must be very hungry, so let me find out what happened to your meal." (77%)

IncorrectCorrect answer
E77%
Answered correctly03 secs
Time Spent2023
Version

Explanation

In this scenario, the physician has an **initial encounter** with an **angry patient** who is upset about an aspect of her care that is not under the physician's direct control. Nevertheless, it is the physician's responsibility to be **responsive** to the **patient's immediate concerns**, attempt to defuse her anger, and build the physician-patient relationship. The physician should acknowledge the cause of the patient's distress (ie, hunger), remain nondefensive, and offer to obtain further information that could **help resolve the issue** (eg, confirming correct diet was ordered; checking with the nursing staff).



In this scenario, the physician has an **initial encounter** with an **angry patient** who is upset about an aspect of her care that is not under the physician's direct control. Nevertheless, it is the physician's responsibility to be **responsive** to the **patient's immediate concerns**, attempt to defuse her anger, and build the physician-patient relationship. The physician should acknowledge the cause of the patient's distress (ie, hunger), remain nondefensive, and offer to obtain further information that could **help resolve the issue** (eg, confirming correct diet was ordered; checking with the nursing staff).

The physician should maintain a professional demeanor and avoid responding to the patient's anger with comments that may be interpreted as dismissive, defensive, or sarcastic. Being responsive to the patient's immediate concerns is more likely to build rapport, help the patient feel understood and lay a positive foundation for the physician patient relationship.

- (Choice A)** This statement acknowledges the patient's distress but makes no attempt to respond to her concern.
- (Choice B)** This statement offers an apology but inappropriately reassures the patient that the problem has been resolved when this is unknown.
- (Choice C)** This statement may be interpreted as defensive because it focuses on explaining that the problem is not the physician's responsibility. Quickly addressing the patient's needs is more likely to defuse the situation and build the physician-patient relationship.
- (Choice D)** Deferring resolution of the issue until after the examination is unlikely to defuse the patient's immediate anger and could, in turn, negatively affect her cooperation with the examination.

Educational objective:

Initial encounters with angry patients are best managed by acknowledging their distress and responding to their immediate concerns.

References

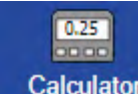
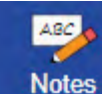
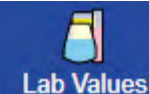
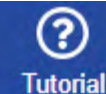


A 78-year-old man with end-stage esophageal cancer is admitted to the hospital with severe malnutrition and failure to thrive. The patient's caretaker says that he has not been able to eat or drink for the last 3 weeks. His weight dropped from 72.6 kg (160 lb) to 63.5 kg (140 lb) during that time. The cancer has spread to his lungs and liver. The patient does not wish to receive any further treatment for the cancer and specifies that he wants no heroic measures or interventions to keep him alive. His physician considers referral to hospice care. Which of the following is a requirement for referring a patient for hospice care?

- ☐ A. Patient has a diagnosis of end-stage cancer
- ☐ B. Patient has a do-not-resuscitate order
- ☐ C. Patient has decision-making capacity
- ☐ D. Patient has a prognosis of ≤ 6 months
- ☐ E. Patient has a prognosis of ≤ 3 months

Submit





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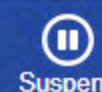
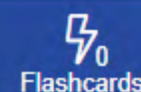
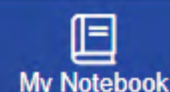
- ☐ A. Patient has a diagnosis of end-stage cancer (10%)
- ☐ B. Patient has a do-not-resuscitate order (11%)
- ☒ C. Patient has decision-making capacity (10%)
- ☒ D. Patient has a prognosis of ≤ 6 months (54%)
- ☐ E. Patient has a prognosis of ≤ 3 months (12%)

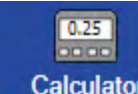
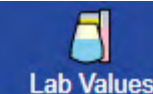
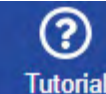
IncorrectCorrect answer
D54%
Answered correctly03 secs
Time Spent2023
Version

Explanation

Hospice model

- Focus on quality of life, not cure or life prolongation
- Symptom control (eg, pain, nausea, dyspnea, agitation, anxiety, depression)
- Interdisciplinary team (eg, medical, nursing, psychosocial, spiritual, bereavement care)
- Services provided at home, assisted-living facility, or dedicated facility





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- Symptom control (eg, pain, nausea, dyspnea, agitation, anxiety, depression)
- Interdisciplinary team (eg, medical, nursing, psychosocial, spiritual, bereavement care)
- Services provided at home, assisted-living facility, or dedicated facility
- Requires survival prognosis of ≤ 6 months

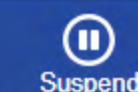
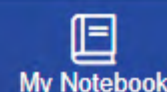
Hospice care is usually provided to terminally ill patients with a **prognosis of ≤ 6 months**, when aggressive, curative treatments are no longer beneficial or desired. The largest population receiving hospice care consists of cancer patients, but also includes those with other terminal medical conditions (eg, end-stage cardiomyopathy, end-stage chronic obstructive pulmonary disease, pulmonary fibrosis). The physician must substantiate a prognosis of ≤ 6 months with documentation of **irreversible decline** in **clinical and functional status**.

Hospice care is based on the principle of providing **compassionate care** that focuses on **comfort and quality of life**. It is provided by a multidisciplinary team that includes nurses, social workers, chaplains, and a hospice physician who closely coordinates with the patient's attending physician. It can be provided in the patient's own home (home hospice care), a nursing home, or dedicated hospice facility. Hospice services include comfort measures (eg, control of pain and dyspnea) and psychological, spiritual, and bereavement counseling for patients and families.

(Choices A and E) Hospice care is appropriate for patients with any terminal illness provided they have a prognosis of ≤ 6 months.

(Choice B) Although most patients in hospice care have directives to decline heroic life-sustaining measures, a do-not-resuscitate order is not a prerequisite for receiving hospice services.

(Choice C) Patients who still possess decision-making capacity should participate in decisions regarding hospice care. However, advance directives or surrogate decision makers may handle issues related to hospice care for





- Services provided at home, assisted-living facility, or dedicated facility
- Requires survival prognosis of ≤ 6 months

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(Choice C) Patients who still possess decision-making capacity should participate in decisions regarding hospice care. However, advance directives or surrogate decision makers may handle issues related to hospice care for patients who lack capacity.

Educational objective:

Patients with advanced metastatic cancers or other terminal illnesses and a life expectancy of ≤ 6 months should be evaluated for hospice care.

References



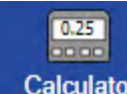
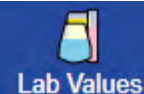


A 65-year-old man who recently emigrated from the Dominican Republic is admitted to the hospital for surgery. He has multiple myeloma and a pathologic fracture of the right humerus. The surgery is completed without complications. Afterward, the patient is alert and oriented but grimaces frequently and appears uncomfortable. He is offered pain medication, but he politely declines. When asked through an interpreter whether he is in pain, the patient replies, "It hurts a lot, but I can bear it and don't wish to be a burden." Which of the following is the most appropriate response by the physician?

- ☐ A. "If you are sure you don't want pain medication, we will honor your request."
- ☐ B. "I'm concerned that you feel like a burden. Have you had feelings of low self-esteem lately?"
- ☐ C. "It's not necessary to bear the pain. Medication will help you feel better."
- ☐ D. "Pain following surgery can be very severe. My goal is to help you be more comfortable."
- ☐ E. "Speaking to our pain medicine care team can help you feel more comfortable about pain treatment."




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- ☐ A. "If you are sure you don't want pain medication, we will honor your request." (4%)
- ☒ B. "I'm concerned that you feel like a burden. Have you had feelings of low self-esteem lately?" (12%)
- ☐ C. "It's not necessary to bear the pain. Medication will help you feel better." (3%)
- ☒ D. "Pain following surgery can be very severe. My goal is to help you be more comfortable." (77%)
- ☐ E. "Speaking to our pain medicine care team can help you feel more comfortable about pain treatment." (2%)

IncorrectCorrect answer
D 77%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

Patients who belong to ethnic minority groups experience significant health **disparities in pain management**. For example, Black and Hispanic patients are more likely to be undertreated for pain compared to nonminority patients. Disparities may arise from physician bias (eg, stereotyping) and **suboptimal communication** (eg, language barriers, incomplete pain assessment).





Patients who belong to ethnic minority groups experience significant health **disparities in pain management**. For example, Black and Hispanic patients are more likely to be undertreated for pain compared to nonminority patients. Disparities may arise from physician bias (eg, stereotyping) and **suboptimal communication** (eg, language barriers, incomplete pain assessment).

A patient's cultural and social background can influence pain-related beliefs and behavior. Some patients **value stoicism** (eg, as a "test of faith") or emphasize respect toward healthcare workers (eg, **avoid burdening providers** by expressing discomfort). This patient has declined medication despite visible indications (eg, grimacing) and verbal confirmation of pain. The best next step is to nonjudgmentally explore the factors influencing the patient's decision, which reflects cross-cultural and patient-centered care. Objectives for discussion include:

- Clarifying the **shared goal of patient well-being**, which can address potential misconceptions that requesting pain medication burdens the physician
- Exploring the **patient's preferences** for increasing comfort, which may or may not include the use of medication

(Choice A) Although the patient has the right to decline medication, the physician should first explore the reasoning behind his decision, which can clarify misunderstandings (eg, burdening the physician) and promote shared decision-making to improve his comfort.

(Choice B) The patient's desire to avoid being a burden may reflect deference toward the physician rather than underlying depression. Exploration of the patient's emotional state is better achieved through an open-ended discussion of the values important to his comfort and well-being.

(Choice C) This statement is physician centered; it focuses on the physician's perception of the patient's comfort. It also assumes that "feeling better" involves the use of medication and may be perceived as judgmental.

(Choice E) Having a palliative care provider speak with the patient may ultimately be appropriate, but the physician should first attempt to explore the patient's values surrounding comfort and goals of pain management.





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(Choice E) Having a palliative care provider speak with the patient may ultimately be appropriate, but the physician should first attempt to explore the patient's values surrounding comfort and goals of pain management.

Educational objective:

Ethnic minorities are more likely to be undertreated for pain, potentially due to physician bias or suboptimal communication. Cross-cultural care can promote optimal pain management by establishing the shared goal of patient well-being. This can be facilitated by exploring the cultural values (eg, stoicism, deference) that influence patient perceptions of pain and comfort.





An 80-year-old woman is brought to the office for follow-up of hypertension. The patient is prescribed lisinopril but has not taken any in the past 2 weeks because she ran out of medication. She has tried to contact her son to pick up a refill but has been unable to reach him. The patient moved in with her son 2 months ago after he arranged for her house to be sold. She says he stays at his girlfriend's house during the week, so she must find neighbors who are able to drive her places. Medical history includes a cerebrovascular accident with mild residual weakness on the left side. Temperature is 37 C (98.6 F), blood pressure is 156/88 mm Hg, and pulse is 80/min. The patient is fully oriented. Cardiopulmonary examination shows no abnormalities. Gait and voluntary movements are normal. On mental status examination, she appears tired and is wearing tattered clothing. Which of the following is the most appropriate next step in management of this patient?

- ☐ A. Arrange for home healthcare services
- ☐ B. Contact the patient's son to review treatment recommendations
- ☐ C. Notify Adult Protective Services
- ☐ D. Recommend an in-home social work assessment
- ☐ E. Suggest moving into an assisted living facility

Submit



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- A. Arrange for home healthcare services (10%)
- ✖

●

B. Contact the patient's son to review treatment recommendations (3%)
- ✔

○

C. Notify Adult Protective Services (57%)
- D. Recommend an in-home social work assessment (20%)
- E. Suggest moving into an assisted living facility (7%)

Incorrect

Correct answer
C

📊

57%
Answered correctly

🕒

03 secs
Time Spent

📅

2023
Version

Explanation

Elder abuse	
	• Female



Elder abuse	
Risk factors	<ul style="list-style-type: none">• Female• Dementia, chronic mental illness• Functional impairments• Social isolation• Shared living environment• Poor socioeconomic status/financial stress
Manifestations of abuse	Physical & sexual abuse <ul style="list-style-type: none">• Atypical abrasions, lacerations, contusions, fractures• Pain not consistent with reported etiology• Anogenital injuries• Newly acquired STI
	Psychological & verbal abuse <ul style="list-style-type: none">• Change in behavior/personality• Depression/anxiety
	Neglect <ul style="list-style-type: none">• Inadequate nutrition or hydration• Pressure injuries• Deterioration in comorbid conditions
	Financial exploitation <ul style="list-style-type: none">• Failure to adhere to medication regimen• Multiple missed appointments• Unpaid expenses or rent payments



Risk factors	<ul style="list-style-type: none">FemaleDementia, chronic mental illnessFunctional impairmentsSocial isolationShared living environmentPoor socioeconomic status/financial stress
	Physical & sexual abuse <ul style="list-style-type: none">Atypical abrasions, lacerations, contusions, fracturesPain not consistent with reported etiologyAnogenital injuriesNewly acquired STI
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	Neglect <ul style="list-style-type: none">Inadequate nutrition or hydrationPressure injuriesDeterioration in comorbid conditions
	Financial exploitation <ul style="list-style-type: none">Failure to adhere to medication regimenMultiple missed appointmentsUnpaid expenses or rent payments
STI = sexually transmitted infection.	

This patient's medical history and examination indicate several signs concerning for **elder neglect** and possible **exploitation**. The patient's son sold her house, is not at home most days, and is difficult to contact. He has neglected to assist the patient in picking up her prescriptions or drive her places, forcing her to rely on neighbors for help. Her physical examination is remarkable for elevated blood pressure (likely due to not taking lisinopril) and her tattered clothing may also be an indication of neglect.

Healthcare professionals who care for the elderly have a **legal and ethical obligation** to intervene when elder abuse, neglect, or exploitation (collectively, elder mistreatment) are suspected. Physicians should be alert for signs of elder mistreatment, including evidence of neglect, deterioration in medical conditions and malnutrition, atypical injuries, and behavioral changes (eg, depression, anxiety). The next step in management is to **report suspected mistreatment to Adult Protective Services**, which can investigate the situation with home visits, initiate review of financial records to identify victims of financial exploitation, and assist in mobilizing resources (eg, assistance with prescriptions and transportation to appointments, home care services).

(Choices A and D) Although home healthcare services and an in-home social work assessment may be helpful for this patient, investigation for elder mistreatment takes priority. It is mandatory to report suspected elder mistreatment to Adult Protective Services without delay.

(Choice B) It would be inappropriate to contact the son to review treatment recommendations when there are signs of neglect and possible financial exploitation.

(Choice E) It is premature to suggest an assisted living facility without first conducting an appropriate investigation into elder mistreatment and assessing the patient's specific needs.

Educational objective:

Physicians should be alert for signs of elder mistreatment, including evidence of neglect, deterioration in medical conditions and malnutrition, atypical injuries, and behavioral changes. It is mandatory to report suspected elder mistreatment to Adult Protective Services.

References



A male newborn, born at 39 weeks gestation, is evaluated in the labor and delivery unit 2 hours after birth.

Prenatal care was limited due to infrequent follow-up, and there were no complications during the delivery. Apgar scores were 7 and 9 at 1 and 5 minutes, respectively. Weight is 2.47 kg (5 lbs, 7 oz) and vital signs are normal.

Physical examination shows upslanting palpebral fissures, transverse palmar creasing, and widening of the space between the first and second toes. The parents share that they are glad the delivery went well. Which of the following is the most appropriate statement by the physician at this time?

- ☐ A. "Although your son is healthy and doing well, he may have a chromosomal disorder."
- ☐ B. "I have some news that may be unexpected; would it be okay to share that with you now?"
- ☐ C. "This may be difficult to hear, but it looks like your son may have Down syndrome."
- ☐ D. "Unfortunately, your son may have Down syndrome; I'd like to do some bloodwork to confirm."
- ☐ E. "Your son has some concerning examination findings; did you have any prenatal testing done?"

Submit





A male newborn, born at 39 weeks gestation, is evaluated in the labor and delivery unit 2 hours after birth. Prenatal care was limited due to infrequent follow-up, and there were no complications during the delivery. Apgar scores were 7 and 9 at 1 and 5 minutes, respectively. Weight is 2.47 kg (5 lbs, 7 oz) and vital signs are normal. Physical examination shows upslanting palpebral fissures, transverse palmar creasing, and widening of the space between the first and second toes. The parents share that they are glad the delivery went well. Which of the following is the most appropriate statement by the physician at this time?

- ☐ A. "Although your son is healthy and doing well, he may have a chromosomal disorder." (8%)
- ✓ ☒ B. "I have some news that may be unexpected; would it be okay to share that with you now?" (64%)
- ☐ C. "This may be difficult to hear, but it looks like your son may have Down syndrome." (2%)
- ☐ D. "Unfortunately, your son may have Down syndrome; I'd like to do some bloodwork to confirm." (2%)
- ☐ E. "Your son has some concerning examination findings; did you have any prenatal testing done?" (22%)

Correct

64%
Answered correctly03 secs
Time Spent2023
Version

Explanation

Communicating the news of a suspected diagnosis of **Down syndrome** (DS) at the time of delivery requires an **empathic approach** that is responsive to the parent's emotional needs and **avoids negative bias** about the diagnosis. Parents should be informed of the diagnosis as soon as possible in a private setting that allows them time to process the news, express their emotions, and ask any questions they may have. Initiating the discussion with statements that frame the diagnosis negatively (eg, "I'm sorry," "I have bad news") should be avoided because they convey implicit bias that the intellectual disability associated with DS is devastating, which may not reflect the



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Detailed information about the diagnosis should be tailored to the parents' knowledge base and how much they want to know at this point in time. The physician should provide information about local resources and support groups and make a plan for follow-up discussion.

(Choice A) This statement uses medical jargon to deliver life-changing news without warning. Parents should be prepared that unexpected news is coming, and the physician should use language that is easily understood.

(Choices C and D) These statements are not neutral and frame the diagnosis negatively. Initiating the discussion with "unexpected" rather than "bad" news is preferable.

(Choice E) Sharing alarming news that the baby's examination is abnormal and inquiring if prenatal testing was done is insensitive and may be perceived as judgmental. When characteristic dysmorphic features of DS are present, it is better to share the findings, explain the diagnosis, and answer any questions the parents may have.

Educational objective:

Communicating the news of a suspected diagnosis of Down syndrome at the time of delivery requires an empathic approach. A shift from "breaking bad news" to "sharing unexpected news" can help prepare the parents to receive the information without imposing negative value judgments.

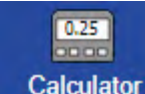
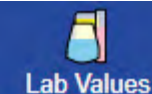
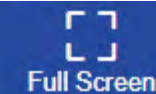
References



A 54-year-old man comes to the office for an initial appointment to evaluate lower back pain. The patient's medical record shows that he has seen several physicians for back pain treatment. He has been prescribed multiple pain medications and physical rehabilitation services but often stopped prematurely or did not follow through with recommendations. At the beginning of the visit the patient says, "I'm tired of living with back pain, and I haven't been able to work in years. Nothing has helped me—at this point I might as well just give up and go on disability." Which of the following statements is the most appropriate initial response to this patient?




- ☐ A. "Although previous medications have not worked, consultation with a pain specialist may be helpful."
- ☐ B. "I understand the difficulty of your situation, but applying for disability will not improve your back pain."
- ☐ C. "I understand your frustration, but it is difficult to help when you think nothing will work."
- ☐ D. "It must be frustrating to have chronic back pain and feel like there are no options to ease your suffering."
- ☐ E. "Your chances of improving would be better if you followed recommendations and remained in treatment."

Submit



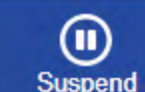
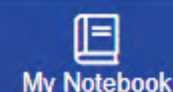
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- ☐ A. "Although previous medications have not worked, consultation with a pain specialist may be helpful." (5%)
- ☐ B. "I understand the difficulty of your situation, but applying for disability will not improve your back pain." (3%)
- ☒ C. "I understand your frustration, but it is difficult to help when you think nothing will work." (2%)
- ☒ D. "It must be frustrating to have chronic back pain and feel like there are no options to ease your suffering." (84%)
- ☐ E. "Your chances of improving would be better if you followed recommendations and remained in treatment." (3%)

IncorrectCorrect answer
D 84%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

This physician is confronted by a patient who has not experienced benefit from previous treatment and **feels** **hopeless** that his condition will improve. Such challenging patients can often cause the physician to feel



This physician is confronted by a patient who has not experienced benefit from previous treatment and **feels hopeless** that his condition will improve. Such challenging patients can often cause the physician to feel defensive, manipulated, or hopeless as well, leading to premature referral to a specialist.

Although strategies to improve treatment adherence will be important for improving outcomes, the best initial approach is to **build** the **physician-patient relationship** by **empathizing** with the **patient's frustration** and **disappointment** with past treatments. In this way, the patient will feel understood rather than blamed for past treatment failures, and he will be more willing to work with the physician to develop a collaborative plan focused on realistic goals.

(Choice A) This patient requires a thorough history and physical examination to assess his condition. Referral to a pain specialist is premature.

(Choice B) This statement is likely to be experienced as unsupportive because it challenges the patient's proposal regarding disability and does not offer any suggestions in its place.

(Choice C) This statement attempts to point out the patient's help-rejecting pattern of behavior, but it would likely be perceived as judgmental, especially at this early stage of the physician-patient relationship.

(Choice E) Although at some point the physician should address the importance of adherence to treatment in achieving a better outcome, this statement is critical and blames the patient for past treatment failures. Empathizing with the patient's frustration at this early stage would be more effective in developing a treatment alliance.

Educational objective:

Physicians may become frustrated with a patient who is hopeless about treatment, often compelling the physician to refer the patient to a specialist prematurely. Empathizing with the patient's frustration over past treatment failures can help build the physician-patient relationship.

References



A 52-year-old man comes to the office for a routine follow-up appointment. The patient has a history of well-controlled hypertension and hyperlipidemia. He has a 35-pack-year smoking history and reports that he continues to smoke about 10-15 cigarettes daily. Family history is significant for lung cancer in his mother. His father died following a stroke at age 65. When asked about whether he has considered quitting, the patient replies that he is not ready to stop smoking. He says, "I know I probably should, but I'm just too stressed at work to give up my cigarettes right now. To be honest, I'm probably smoking closer to a pack a day." Which of the following is the most appropriate response to the patient?

- ☐ A. "I suggest that you consider how your health may improve if you were to stop smoking."
- ☐ B. "I understand that you're under a lot of stress, but you are capable of more than you think."
- ☐ C. "What do you worry will happen if you quit smoking? What about if you don't quit?"
- ☐ D. "What is your understanding of how smoking relates to lung cancer and stroke?"
- ☐ E. "With all the smoking cessation treatment options available, quitting is a lot more manageable."

Submit



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- A. "I suggest that you consider how your health may improve if you were to stop smoking." (1%)
- ✗

B. "I understand that you're under a lot of stress, but you are capable of more than you think." (17%)
- ✓

C. "What do you worry will happen if you quit smoking? What about if you don't quit?" (53%)
- D. "What is your understanding of how smoking relates to lung cancer and stroke?" (21%)
- E. "With all the smoking cessation treatment options available, quitting is a lot more manageable." (6%)

Incorrect

Correct answer
C

53%
Answered correctly

03 secs
Time Spent

2023
Version

Explanation

Motivational interviewing	
Indications	<ul style="list-style-type: none">Substance use disordersOther behaviors in patients who are not ready to change

Motivational interviewing	
Indications	<ul style="list-style-type: none">Substance use disordersOther behaviors in patients who are not ready to change
Principles	<ul style="list-style-type: none">Acknowledge resistance to changeAddress discrepancies between behavior & long-term goalsEnhance motivation to changeNonjudgmental
Technique (OARS)	<ul style="list-style-type: none">Ask Open-ended questions (encourage further discussion)Give AffirmationsReflect & Summarize main points

This patient has a family history of lung cancer and multiple risk factors for cardiovascular illness, including smoking, hypertension, hyperlipidemia, and family history of stroke. Although he states that he is **not ready to quit smoking**, he is ambivalent and aware that he probably should. An effective approach to patients who are not ready to quit is to **explore their ambivalence** (eg, worries about quitting vs not quitting), with the goal of **enhancing** the patient's **internal motivation** to make a change.

Based on principles of motivational interviewing, the physician should acknowledge resistance to change and help the patient identify discrepancies between habits and long-term goals. Issues relevant to the patient's situation (eg, concern about his ability to manage work stress without smoking) and other possible barriers (eg, fear of nicotine withdrawal, failure, or gaining weight; enjoyment of tobacco) should be explored in a nonjudgmental way. Concerns about not quitting, such as fear of long-term health risks, can then be elicited to highlight ambivalence. Once the patient has identified the potential benefits and barriers to quitting, the physician can target these specific issues (eg, education, counseling, medication).

(Choice A) This response redirects the conversation to the benefits of quitting and fails to acknowledge or explore

This patient has a family history of lung cancer and multiple risk factors for cardiovascular illness, including smoking, hypertension, hyperlipidemia, and family history of stroke. Although he states that he is **not ready to quit smoking**, he is ambivalent and aware that he probably should. An effective approach to patients who are not ready to quit is to **explore their ambivalence** (eg, worries about quitting vs not quitting), with the goal of **enhancing** the patient's **internal motivation** to make a change.

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(Choice A) This response redirects the conversation to the benefits of quitting and fails to acknowledge or explore the patient's resistance to change and his personal barriers to quitting.

(Choice B) Although this statement acknowledges the patient's stress and conveys optimism about his ability to quit, it fails to address his ambivalent feelings, which may cause the patient to feel misunderstood and judged for his reluctance to quit.

(Choice D) This response explores the patient's understanding of specific health risks of smoking but misses the opportunity to develop the patient's internal motivation to quit.

(Choice E) The physician should first explore the patient's personal concerns and barriers to quitting before discussing smoking cessation treatment options.

Educational objective:

For patients who are not ready to quit smoking, it is helpful to explore their perspective about the pros and cons of



quit smoking, he is ambivalent and aware that he probably should. An effective approach to patients who are not ready to quit is to **explore their ambivalence** (eg, worries about quitting vs not quitting), with the goal of **enhancing** the patient's **internal motivation** to make a change.

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(Choice E) The physician should first explore the patient's personal concerns and barriers to quitting before discussing smoking cessation treatment options.

Educational objective:

For patients who are not ready to quit smoking, it is helpful to explore their perspective about the pros and cons of continuing to smoke. Acknowledging resistance in a nonjudgmental manner while exploring ambivalence can help develop patients' internal motivation to change.



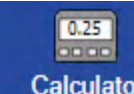
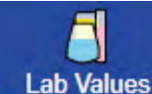
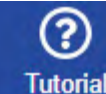
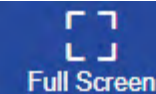


A 75-year-old woman is hospitalized for a bowel obstruction related to adhesions from previous uterine cancer surgery and radiation. She has a history of hypertension, atrial fibrillation, and peripheral vascular disease. After a prolonged hospital course complicated by a pulmonary embolus, she is discharged on multiple medications, including a higher dose of her warfarin. The patient is scheduled for follow-up appointments with her internist, gynecologist, cardiologist, and gastroenterologist. She lives by herself and has been able to successfully manage her care needs in the past. Her adult daughter is supportive but lives out of state. Which of the following interventions would be most effective in improving her adherence to outpatient treatment?

- ☐ A. Emphasize the importance of adherence to treatment during the discharge process
- ☐ B. Ensure that the discharge summary is sent to all outpatient specialists
- ☐ C. Provide the patient with a detailed copy of her hospital course
- ☐ D. Provide the patient with a checklist to keep track of her medications and follow-up appointments
- ☐ E. Review discharge instructions with the patient's daughter




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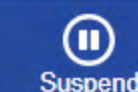
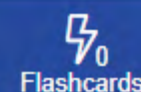
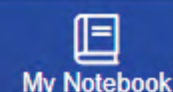
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- ☐ A. Emphasize the importance of adherence to treatment during the discharge process (5%)
- ☒ B. Ensure that the discharge summary is sent to all outpatient specialists (4%)
- ☐ C. Provide the patient with a detailed copy of her hospital course (1%)
- ☒ D. Provide the patient with a checklist to keep track of her medications and follow-up appointments (84%)
- ☐ E. Review discharge instructions with the patient's daughter (4%)

IncorrectCorrect answer
D 84%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

The transition from hospital to outpatient care is a time of high risk for patients. Individuals with multiple medical problems, complex medication regimens, low health literacy, and poor social support are at particularly high risk. The most effective strategy for decreasing adverse outcomes and preventing avoidable readmissions is a structured approach that uses a comprehensive **discharge checklist**. The checklist should provide instructions at the appropriate literacy level and patient education materials to facilitate a successful transition from the hospital to





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(Choice A) Although emphasizing the importance of adherence to treatment is beneficial, a detailed list with specific instructions regarding medications and follow-up that the patient can refer to at home would be more helpful. Patients are frequently overwhelmed by verbal information at the time of discharge and can benefit from a written checklist.

(Choice B) Communication with outpatient specialists is an important component of the discharge process, but it does not help the patient manage the complex follow-up tasks required.

(Choice C) A discharge summary is prepared by the hospital physician to document the hospital course and assist other medical providers and support staff in the care of the patient. It uses technical language that may be confusing to the patient. In contrast, the discharge instruction checklist uses simple and clear language intended to optimize patient understanding.

(Choice E) Reviewing discharge instructions with the patient's daughter would be appropriate if the patient lived with her or if the daughter was helping the patient obtain medication or was providing transportation to follow-up appointments.



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(Choice E) Reviewing discharge instructions with the patient's daughter would be appropriate if the patient lived with her or if the daughter was helping the patient obtain medication or was providing transportation to follow-up appointments.

Educational objective:

A discharge checklist detailing medication changes and follow-up appointments can significantly facilitate a patient's transition from the hospital and improve adherence to outpatient treatment. Individuals who experience a smooth transition from the inpatient to the outpatient setting are at lower risk for early rehospitalization.



A 28-year-old woman, gravida 2 para 1, comes to the emergency department for evaluation of vaginal bleeding. The patient has had bright red spotting for the past 24 hours but no contractions or leakage of fluid. She is at 31 weeks gestation by last menstrual period and has not had prenatal care this pregnancy. Her first pregnancy ended in an uncomplicated spontaneous vaginal delivery at term. Vital signs and fetal heart rate tracing are normal. Physical examination shows a nontender uterus consistent in size with 31 weeks gestation. A pelvic ultrasound reveals a complete placenta previa. The findings are discussed with the patient, and she states that she would still like to have a vaginal delivery. The physician says, "Unfortunately, the only safe option for delivery is a cesarean delivery." The physician's statement is an example of which of the following ethical principles?

- ☐ A. Assisted decision-making
- ☐ B. Directive counseling
- ☐ C. Informed refusal
- ☐ D. Shared decision-making
- ☐ E. Substituted judgment

Submit



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- ☐ A. Assisted decision-making (12%)
- ✓ ☒ B. Directive counseling (53%)
- ☐ C. Informed refusal (18%)
- ☐ D. Shared decision-making (4%)
- ☐ E. Substituted judgment (11%)

Correct

53%
Answered correctly03 secs
Time Spent2023
Version

Explanation

Most medical decisions are made via shared decision-making, in which the patient's preferences and personal values are considered when discussing ≥ 2 medically reasonable treatment options (**Choice D**). However, when there is **only 1 medically reasonable treatment option** that has clearly superior evidence-based support, it is ethically appropriate for the physician to provide **directive counseling**, in which only a single treatment option is





Most medical decisions are made via shared decision-making, in which the patient's preferences and personal values are considered when discussing ≥ 2 medically reasonable treatment options (**Choice D**). However, when there is **only 1 medically reasonable treatment option** that has clearly superior evidence-based support, it is ethically appropriate for the physician to provide **directive counseling**, in which only a single treatment option is recommended to a patient.

This patient has a complete **placenta previa**, a condition in which the entire placenta covers the cervix, which is associated with a **high risk** of maternal (eg, hemorrhage) and fetal (eg, intrauterine demise) morbidity and mortality with vaginal delivery. Due to these risks, the only safe option for delivery, as stated to this patient, is cesarean delivery. Although this patient prefers a vaginal delivery, it is inappropriate for the physician to discuss this choice as a safe and reasonable option. It is the physician's ethical responsibility to advise against it and provide directive counseling by explaining why a cesarean delivery is medically necessary.

(Choice A) Assisted decision-making occurs when a family member or other caregiver helps the patient in making a medical decision (but does not make the decision for the patient). Common scenarios include when patients have intellectual disability or a potentially reversible impairment in decision-making capacity (eg, fluctuating mental illness [schizophrenia]).

(Choice C) Informed refusal refers to the patient's refusal of a recommended medical treatment following an informed consent discussion (including full disclosure of the risks of refusing treatment). This would occur in this case if, after discussion of the need for cesarean delivery, the patient refuses the procedure.

(Choice E) Substituted judgment occurs when a surrogate decision-maker makes a health care decision for an incapacitated patient based on the surrogate's knowledge of the patient's wishes and values.

Educational objective:

Directive counseling is ethically appropriate when only one treatment option is medically reasonable and has clearly superior evidence-based support. Patients with complete placenta previa should be counseled that cesarean delivery is medically necessary.



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clearly superior evidence-based support. Patients with complete placenta previa should be counseled that
cesarean delivery is medically necessary.

Exhibit Display

Placenta previa

Uterus

Placenta

Cervix

Vagina

©UWorld

Zoom In Zoom Out Reset New Existing My Notebook



A 47-year-old man comes to the office for follow-up of recently diagnosed hypertension. He was prescribed a generic formulation of lisinopril a month ago. Inspection of the patient's pill bottle shows 15 tablets remaining of an original 30-tablet supply. Medical history is otherwise unremarkable, and he is taking no other medications. Blood pressure measurement shows no significant improvement from his blood pressure a month ago. Serum chemistry panel, including potassium and creatinine, is also unchanged from prior results. The patient reports no adverse effects from the medication but often forgets to take it. Which of the following would be most helpful in improving this patient's medication adherence?

- ☐ A. Ask the patient's wife to give him daily reminders to take his medication
- ☐ B. Change to a half-pill twice a day to increase the opportunities to take his medication
- ☐ C. Change to a well-known, brand-name antihypertensive drug that increases financial commitment
- ☐ D. Counsel the patient on the risks of uncontrolled hypertension
- ☐ E. Recommend placing the medication on the bathroom counter next to his toothbrush



A 47-year-old man comes to the office for follow-up of recently diagnosed hypertension. He was prescribed a generic formulation of lisinopril a month ago. Inspection of the patient's pill bottle shows 15 tablets remaining of an original 30-tablet supply. Medical history is otherwise unremarkable, and he is taking no other medications. Blood pressure measurement shows no significant improvement from his blood pressure a month ago. Serum chemistry panel, including potassium and creatinine, is also unchanged from prior results. The patient reports no adverse effects from the medication but often forgets to take it. Which of the following would be most helpful in improving this patient's medication adherence?

- ☐

A. Ask the patient's wife to give him daily reminders to take his medication (5%)
- ☒

✗ B. Change to a half-pill twice a day to increase the opportunities to take his medication (0%)
- ☐

C. Change to a well-known, brand-name antihypertensive drug that increases financial commitment (0%)
- ☐

D. Counsel the patient on the risks of uncontrolled hypertension (16%)
- ☒

✓ E. Recommend placing the medication on the bathroom counter next to his toothbrush (77%)

Incorrect

Correct answer
E

77%

Answered correctly

03 secs

Time Spent

2023

Version

Explanation

Medication nonadherence	
Risk factors	<ul style="list-style-type: none">• Complex treatment regimen• Adverse drug effects• Expensive drug regimen/limited patient financial resources

Medication nonadherence	
Risk factors	<ul style="list-style-type: none">• Complex treatment regimen• Adverse drug effects• Expensive drug regimen/limited patient financial resources• Little immediate or apparent benefit of medication• Inadequate physician supervision & written instruction
Interventions to improve adherence	<ul style="list-style-type: none">• Integration into daily habits/schedule• Pill organizers & dispensers• Simplified treatment regimen• Automated reminders (eg, smartphone applications)• Frequent telephone contacts & interprofessional (eg, nurse, pharmacist) follow-up• Motivational interviewing• Consolidated refill schedule

This patient with hypertension has been prescribed an appropriate antihypertensive medication but has had poor medication adherence. **Nonadherence** is common in patients with hypertension because the condition is generally asymptomatic, whereas medication has cost, inconvenience, and often symptomatic adverse effects (eg, headache, lightheadedness). Clinical features suggesting medication nonadherence include:

- Lack of the expected therapeutic response
- Absence of common adverse effects
- Lack of expected changes in laboratory markers (eg, rise in potassium and/or creatinine with ACE inhibitors)
- Fewer than expected requests for medication refills or excessive number of pills noted on pill counts

The most effective interventions to improve adherence are likely to be those that can easily be **integrated into the**



This patient with hypertension has been prescribed an appropriate antihypertensive medication but has had poor medication adherence. **Nonadherence** is common in patients with hypertension because the condition is generally asymptomatic, whereas medication has cost, inconvenience, and often symptomatic adverse effects (eg, headache, lightheadedness). Clinical features suggesting medication nonadherence include:

- Lack of the expected therapeutic response
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The most effective interventions to improve adherence are likely to be those that can easily be **integrated into the patient's schedule** or can be **linked to an established habit**. For example, the patient could use a pill organizer or dispenser that can be placed in a **prominent location** that he will clearly see in his **daily routine** (eg, bathroom counter).

(Choice A) Asking the patient's wife to give him daily reminders can sometimes be effective in reducing nonadherence but adds to the family care burden and can potentially increase interpersonal conflict. In addition, this strategy relies on the wife to remember the medication.

(Choice B) Dosing medication more than once daily is associated with decreased adherence and would likely lead to even greater undertreatment.

(Choice C) Well-known medications with prominent advertising campaigns are frequently associated with greater patient willingness to discuss the underlying medical condition (eg, phosphodiesterase inhibitors for erectile dysfunction) with the physician. However, adherence is generally higher for low-cost options due to the lesser financial burden.

(Choice D) Discussing the risks of untreated hypertension is important to include in the initial patient education and counseling. However, there is no reason to think the patient is nonadherent because he does not understand





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The most effective interventions to improve adherence are likely to be those that can easily be **integrated into the patient's schedule** or can be **linked to an established habit**. For example, the patient could use a pill organizer or dispenser that can be placed in a **prominent location** that he will clearly see in his **daily routine** (eg, bathroom counter).

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(Choice D) Discussing the risks of untreated hypertension is important to include in the initial patient education and counseling. However, there is no reason to think the patient is nonadherent because he does not understand the risks, and this approach may be viewed as negative or threatening.

Educational objective:

Nonadherence is common in patients with hypertension because the condition is generally asymptomatic, whereas medication has cost, inconvenience, and symptomatic adverse effects. The most effective interventions to improve adherence are those that can easily be integrated into the patient's schedule or linked to an established habit.

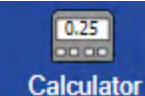
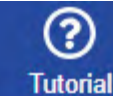
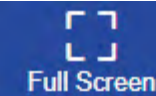




A 52-year-old woman undergoes a fine needle aspiration procedure for evaluation of a thyroid nodule. The physician completes the biopsy successfully without complication. However, a week later, the physician is concerned because no pathology results are seen in the electronic medical record. Upon contacting the laboratory, the physician learns that the specimen was never received. The physician inquires further among his staff and learns that the staff member normally in charge of transporting specimens was absent the day the procedure was performed, and a temporary off-site assistant had filled in for the staff member. The patient is scheduled to come to the office the following day to receive her results. After informing the patient of the need for a repeat procedure due to sample misplacement, which of the following additional statements by the physician would be most appropriate?




- ☐ A. "Although I did not personally cause this error, I apologize for the trouble this has caused you."
- ☐ B. "I accept full responsibility for this unfortunate outcome and understand if you feel the need to transfer your care elsewhere."
- ☐ C. "I apologize on our team's behalf for this error; we will waive charges and will identify ways to improve our specimen tracking system."
- ☐ D. "Sometimes these mistakes happen for no clear reason; I am sorry for any distress this causes you."
- ☐ E. "This mistake was due to staff member inexperience; rest assured that we will take steps to ensure that this will not happen again."



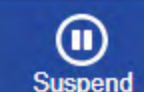
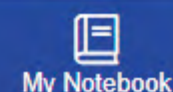


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- ☐ A. "Although I did not personally cause this error, I apologize for the trouble this has caused you." (5%)
- ☒ B. "I accept full responsibility for this unfortunate outcome and understand if you feel the need to transfer your care elsewhere." (12%)
- ☐ C. "I apologize on our team's behalf for this error; we will waive charges and will identify ways to improve our specimen tracking system." (70%)
- ☐ D. "Sometimes these mistakes happen for no clear reason; I am sorry for any distress this causes you." (6%)
- ☐ E. "This mistake was due to staff member inexperience; rest assured that we will take steps to ensure that this will not happen again." (5%)

IncorrectCorrect answer
C 70%
Answered correctly 04 secs
Time Spent 2023
Version

Explanation



Error disclosure to patients	
Describe the error	"Unfortunately, the biopsy sample was lost, and a repeat procedure is necessary."
Explain why the error occurred	"The laboratory never received the sample, possibly due to a tracking or staffing error."
Express regret or apologize for error	"I apologize on behalf of our team."
Describe steps to minimize consequences	"We will waive all charges associated with the repeat procedure."
Outline actions to prevent future recurrences	"I will notify our administrators now of this error, and we will change our procedure so this does not happen again."

This patient has experienced a **preventable error** (ie, misplaced biopsy specimen). Although the patient is not directly harmed, she requires a repeat biopsy procedure, exposing her to additional risks, costs, and inconvenience. The cause of this error is likely related to multiple **systems failures** involving tracking (eg, lack of automated tracking methods such as bar-coding), transportation (eg, complexities in transportation logistics), or staff training.

Although the physician is not responsible for the error, the physician practices within the system that contributed to the error and therefore has an ethical obligation to disclose the error. **Full disclosure** of error to the patient includes the following:

- Describing **details** of the error (in plain language) and **why** it occurred (eg, that the specimen was misplaced, possibly due to problems in the tracking system)
- **Apologizing** or expressing regret for the error; in this case, given lack of direct involvement in the error, the



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- Describing **details** of the error (in plain language) and **why** it occurred (eg, that the specimen was misplaced, possibly due to problems in the tracking system)
- **Apologizing** or expressing regret for the error; in this case, given lack of direct involvement in the error, the physician should express regret on behalf of the team
- Explaining steps to **minimize consequences** to the patient (eg, waiving further charges)
- Describing steps to **prevent future occurrences** (eg, improving tracking system, reporting incident to administrators)

Physicians should avoid hiding information or providing partial disclosure (eg, not explicitly stating that an error occurred, omitting details or potential causes). Evidence suggests that early, full disclosure of errors is associated with fewer malpractice lawsuits (possibly because disclosure may increase patient trust in the provider).

(Choices A and D) Although these statements include a clear apology, they do not include discussion of steps that can be taken to minimize consequences (eg, waiving charges) or prevent future occurrences.

(Choice B) Although the patient has autonomy to transfer care elsewhere following an error, attempts should first be made to encourage continuation of the therapeutic relationship and reestablish trust. Moreover, as the physician was not directly involved in the error, apologizing on behalf of the team is more appropriate.



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(Choice B) Although the patient has autonomy to transfer care elsewhere following an error, attempts should first be made to encourage continuation of the therapeutic relationship and reestablish trust. Moreover, as the physician was not directly involved in the error, apologizing on behalf of the team is more appropriate.

(Choice E) Although staff inexperience may be a contributing factor in this error, it is likely that other systems factors (eg, tracking, staffing schedules) also played a role. Therefore, implicating staff in the error is premature without further investigation.

Educational objective:

Physicians have an ethical responsibility to disclose errors caused by system failures to patients. Full disclosure includes providing details of the error and why it happened and explaining steps to minimize consequences and prevent future occurrences.



A 55-year-old man is scheduled to have electrode implantation surgery for the treatment of advanced Parkinson disease. Three days before the procedure, the surgeon discusses the details of the operation, including associated risks and benefits, as well as alternate treatment options. The patient expresses understanding of the discussion and signs the consent form. In the preoperative room on the day of the procedure, however, he becomes anxious and nervously says, "I can't do this, doctor. I'm sorry. I don't want to have the surgery anymore." Which of the following is the most appropriate course of action?

- ☐ A. Acknowledge the patient's concern and offer a sedative to alleviate anxiety
- ☐ B. Ask the patient what has changed since he signed the consent form
- ☐ C. Cancel and reschedule the operation for another time
- ☐ D. Review the benefits of the procedure and explain that his motor symptoms will worsen without it
- ☐ E. Tell the patient that his anxiety is normal and he will feel better after the procedure

Submit



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- A. Acknowledge the patient's concern and offer a sedative to alleviate anxiety (4%)
- ✓

B. Ask the patient what has changed since he signed the consent form (78%)
- C. Cancel and reschedule the operation for another time (13%)
- D. Review the benefits of the procedure and explain that his motor symptoms will worsen without it (1%)
- E. Tell the patient that his anxiety is normal and he will feel better after the procedure (1%)

Correct

78%
Answered correctly

03 secs
Time Spent

2023
Version

Explanation

Elements of informed consent	
Preconditions	<ul style="list-style-type: none">CompetencyVoluntariness
	<ul style="list-style-type: none">Diagnosis

Elements of informed consent	
Preconditions	<ul style="list-style-type: none">CompetencyVoluntariness
Disclosure of key facts	<ul style="list-style-type: none">DiagnosisProposed treatment or procedureAlternate treatment options (medical, surgical)Risks/benefits of proposed treatment & alternatives<ul style="list-style-type: none">Common complicationsRare but major complicationsRisks of refusing treatment
Other disclosures if applicable	<ul style="list-style-type: none">Role of residents & medical studentsAnticipated additional proceduresFinancial conflicts

Voluntarily given informed consent is a prerequisite for proceeding with any nonemergency medical treatment. In this case, informed consent was obtained 3 days prior, but the patient now states that he does not want the surgery. Patients have the **right to withdraw consent at any time**. When patients change their minds and refuse treatment, it is the physician's responsibility to engage them in a **new discussion** of informed consent or informed refusal.

This patient has likely developed concerns about the procedure that were not discussed or fully addressed in the initial informed consent process. The best approach is to ask him what has changed and to explore his specific concerns related to the surgery in a nonjudgmental fashion, without pressuring him to re consent.

(Choice A) It would be inappropriate to medicate the patient without first assessing his concerns. Sedative drugs have cognitive effects that may impair the patient's capacity to give informed consent or refusal.

Voluntarily given informed consent is a prerequisite for proceeding with any nonemergency medical treatment. In this case, informed consent was obtained 3 days prior, but the patient now states that he does not want the surgery. Patients have the **right to withdraw consent at any time**. When patients change their minds and refuse treatment, it is the physician's responsibility to engage them in a **new discussion** of informed consent or informed refusal.

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(Choice A) It would be inappropriate to medicate the patient without first assessing his concerns. Sedative drugs have cognitive effects that may impair the patient's capacity to give informed consent or refusal.

(Choice C) Rescheduling the operation without first addressing the patient's concerns and conducting a new informed consent process is inappropriate.

(Choice D) Reviewing only the benefits of the procedure and the risks of no treatment may pressure the patient to re consent. An informed consent discussion must also include the risks of the procedure and the risks/benefits of alternate treatments.

(Choice E) This patient has withdrawn consent for the procedure, making his signed consent no longer valid. The physician cannot proceed with surgery.

Educational objective:

Patients have the right to withdraw consent for a procedure at any time. When patients change their minds and refuse treatment, it is the physician's responsibility to engage them in a new discussion of informed consent or informed refusal.

References

- [Informed consent in clinical practice and literature overview](#)

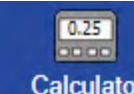
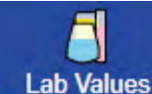


A 30-year-old woman comes to the office due to depressed mood. The patient has felt "disappointed and sad" since she was passed over for promotion 3 weeks ago. She has trouble falling asleep because she thinks about what she could have done differently at work. The patient's appetite, energy, and concentration are not affected, and she still enjoys going out with friends and attending choir group. She has no significant medical or psychiatric history. Vital signs and physical examination are within normal limits. A course of psychotherapy is recommended, to which she responds, "Have you ever had depression or been in therapy, doctor?" Which of the following is the best response to this patient?

- ☐ A. "Depression can be a difficult experience, but people do get better with treatment."
- ☐ B. "I am curious to understand what makes you ask that question."
- ☐ C. "I prefer not to answer personal questions because this is about your needs and treatment."
- ☐ D. "Perhaps you are concerned that I can't help you if I haven't experienced depression myself."
- ☐ E. "Whatever my personal experience is, I have treated many patients with depression."

Submit








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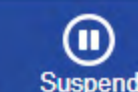
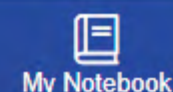
- ☐ A. "Depression can be a difficult experience, but people do get better with treatment." (16%)
- ✓ ☒ B. "I am curious to understand what makes you ask that question." (57%)
- ☐ C. "I prefer not to answer personal questions because this is about your needs and treatment." (15%)
- ☐ D. "Perhaps you are concerned that I can't help you if I haven't experienced depression myself." (6%)
- ☐ E. "Whatever my personal experience is, I have treated many patients with depression." (3%)

Correct

 57%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

Patients may ask various types of questions, from inquiries about the physician's professional qualifications and experience to more **personal questions** about the physician's background and life experiences (including age, marital status, children, and similar experiences such as cancer, a particular medical diagnosis, and loss of a loved one). Some may be especially curious to know personal details that relate to their own life struggles, often triggered by unspoken hopes and fears about whether the physician will be able to help them.



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Although being responsive to a patient's questions can enhance a trusting relationship, physicians should not feel pressured to respond to questions that they find overly personal or intrusive. However, physicians can **maintain boundaries** while also gently **exploring why the patient is asking**. This approach can be helpful in gaining a deeper understanding of the patient's concerns. Querying about what makes this patient ask the question may reveal specific concerns about whether the physician understands her emotional pain and may allay possible fears about psychotherapy. The physician can then more effectively support the patient and address these concerns.

(Choice A) This response ignores the patient's question and attempts to provide general reassurance. It would be more productive to try to identify and address the patient's specific issues.

(Choice C) Although this statement sets a boundary with the patient, it misses the opportunity to explore deeper concerns that may underlie her question.

(Choice D) This response prematurely assumes what the patient is feeling. Exploring the reason for her question in an open-ended manner is more likely to reveal her specific concerns and help her feel understood.

(Choice E) This response is defensive in tone and may damage the physician-patient relationship.

Educational objective:

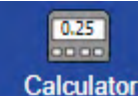
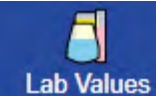
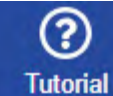
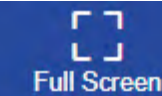
Physicians should not feel pressured to respond to questions that they find overly personal or intrusive. Exploring why patients are asking is a helpful strategy that can assist the physician in gaining a deeper understanding of their specific concerns.



A 34-year-old man comes to the office with a 5-day history of nasal congestion and cough. He says that he occasionally coughs up thick, yellow sputum and is worried about the lack of improvement. The patient mentions that he has received antibiotics for similar symptoms in the past and says, "Antibiotics always seem to help me feel better fast." Temperature is 37.2 C (99 F), blood pressure is 120/70 mm Hg, pulse is 76/min, and respirations are 18/min. Physical examination shows pharyngeal erythema; the remainder of the examination, including cardiopulmonary evaluation, is normal. Which of the following responses by the physician is most appropriate?




- ☐ A. "Although you've experienced improvement with antibiotics in the past, your symptoms will likely improve with over-the-counter treatment."
- ☐ B. "Antibiotics can be helpful for certain infections, but I'm concerned you may have been prescribed antibiotics inappropriately in the past."
- ☐ C. "Feeling sick is unpleasant; let's talk about why antibiotics are not recommended and what treatments can help you feel better."
- ☐ D. "I understand why you want me to prescribe antibiotics, but this would only lead to antibiotic resistance."
- ☐ E. "Many patients think antibiotics can help treat colds; unfortunately, there are no quick fixes for viral infections."

[Submit](#)



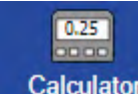
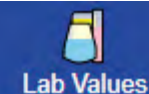
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- ☐ A. "Although you've experienced improvement with antibiotics in the past, your symptoms will likely improve with over-the-counter treatment." (5%)
- ✗ ☒ B. "Antibiotics can be helpful for certain infections, but I'm concerned you may have been prescribed antibiotics inappropriately in the past." (2%)
- ✓ ☐ C. "Feeling sick is unpleasant; let's talk about why antibiotics are not recommended and what treatments can help you feel better." (87%)
- ☐ D. "I understand why you want me to prescribe antibiotics, but this would only lead to antibiotic resistance." (2%)
- ☐ E. "Many patients think antibiotics can help treat colds; unfortunately, there are no quick fixes for viral infections." (2%)

IncorrectCorrect answer
C 87%
Answered correctly 03 secs
Time Spent 2023
Version




Explanation

This afebrile patient with a normal lung examination most likely has a viral upper respiratory infection. The



A 34-year-old man comes to the office with a 5-day history of nasal congestion and cough. He says that he occasionally coughs up thick, yellow sputum and is worried about the lack of improvement. The patient mentions that he has received antibiotics for similar symptoms in the past and says, "Antibiotics always seem to help me feel better fast." Temperature is 37.2 C (99 F), blood pressure is 120/70 mm Hg, pulse is 76/min, and respirations are 18/min. Physical examination shows pharyngeal erythema; the remainder of the examination, including cardiopulmonary evaluation, is normal. Which of the following responses by the physician is most appropriate?

- ☐ A. "Although you've experienced improvement with antibiotics in the past, your symptoms will likely improve with over-the-counter treatment." (5%)
- ☒ B. "Antibiotics can be helpful for certain infections, but I'm concerned you may have been prescribed antibiotics inappropriately in the past." (2%)
- ☐ C. "Feeling sick is unpleasant; let's talk about why antibiotics are not recommended and what treatments can help you feel better." (87%)
- ☐ D. "I understand why you want me to prescribe antibiotics, but this would only lead to antibiotic resistance." (2%)
- ☐ E. "Many patients think antibiotics can help treat colds; unfortunately, there are no quick fixes for viral infections." (2%)

IncorrectCorrect answer
C 87%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

This afebrile patient with a normal lung examination most likely has a **viral upper respiratory infection**. The



This afebrile patient with a normal lung examination most likely has a **viral upper respiratory infection**. The physician is faced with the common clinical issue of responding to a **request for an unnecessary antibiotic** prescription. Although many patients receive antibiotics for upper respiratory infections, antibiotic use in uncomplicated upper respiratory infections is associated with increased **risk of adverse effects**, no improvement compared to placebo, and a rise in **antibiotic resistance**.

The most appropriate response is a **patient-centered approach** that **validates** the patient's concerns, **educates** the patient about the adverse effects of antibiotics and their lack of efficacy in treating viral infections, and **provides options** to treat the patient symptomatically. This must be done in an empathic and nonjudgmental fashion that helps build, not undermine, the physician-patient relationship. The physician should refrain from prescribing antibiotics and advise the patient to return if symptoms persist or worsen.

(Choice A) This statement does not explain why antibiotics are not an appropriate treatment at this time and may be interpreted as dismissive given the patient's specific request.

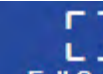
(Choice B) Although this may be true, it is not constructive to criticize previous treatment providers.

(Choice D) Although it is appropriate to explain that unnecessary antibiotic use can contribute to general antibiotic resistance, this response is not patient centered because it dismisses the patient's concerns and does not explain why antibiotics are inappropriate for his specific symptoms.

(Choice E) This statement fails to explain why antibiotics are inappropriate and does not offer any treatment options. It may be perceived as invalidating or judgmental and have a detrimental effect on the physician-patient relationship.

Educational objective:

Empiric antibiotic therapy for patients with uncomplicated upper respiratory infections is contraindicated. Responding to requests for inappropriate antibiotics involves a patient-centered approach that validates the patient's concerns, educates the patient about the adverse effects of antibiotics and their lack of efficacy in treating viral infections, and provides options to treat the patient symptomatically.



A 66-year-old woman with rheumatoid arthritis and atrial fibrillation is scheduled for an elective right total knee arthroplasty in a tertiary care hospital. The patient speaks mostly Spanish and understands limited English. Informed consent is obtained during a preoperative clinic visit using a certified interpreter. On the day of the procedure, the operating room is running behind schedule, and the patient's procedure is delayed by 3 hours. When the surgeon and circulating nurse visit the patient to confirm the site and side of the procedure, the certified interpreter is in the emergency department assisting with another patient and will be unavailable for an hour. The patient talks rapidly and has several questions for the team. The surgeon has taken a 3-week course in medical Spanish, and the nurse can speak short sentences in Spanish. The surgeon converses with the patient in a mixture of Spanish and English. The patient nods frequently as the surgeon speaks. Which of the following best describes the patient-provider communication in this encounter?

- ☐ A. Communication should be verified by asking the patient to describe what she has understood
- ☐ B. The surgeon is acting appropriately as he is trained in medical Spanish terminology
- ☐ C. The surgeon is acting appropriately as this interaction does not require additional informed consent
- ☐ D. The surgeon's actions are inappropriate as the nurse has greater fluency and should speak to the patient
- ☐ E. The surgeon's actions are inappropriate as they potentially violate the patient's rights

Submit



A 66-year-old woman with rheumatoid arthritis and atrial fibrillation is scheduled for an elective right total knee arthroplasty in a tertiary care hospital. The patient speaks mostly Spanish and understands limited English. Informed consent is obtained during a preoperative clinic visit using a certified interpreter. On the day of the procedure, the operating room is running behind schedule, and the patient's procedure is delayed by 3 hours. When the surgeon and circulating nurse visit the patient to confirm the site and side of the procedure, the certified interpreter is in the emergency department assisting with another patient and will be unavailable for an hour. The patient talks rapidly and has several questions for the team. The surgeon has taken a 3-week course in medical Spanish, and the nurse can speak short sentences in Spanish. The surgeon converses with the patient in a mixture of Spanish and English. The patient nods frequently as the surgeon speaks. Which of the following best describes the patient-provider communication in this encounter?

- ☐ A. Communication should be verified by asking the patient to describe what she has understood (31%)
- ✗ ☒ B. The surgeon is acting appropriately as he is trained in medical Spanish terminology (0%)
- ☐ C. The surgeon is acting appropriately as this interaction does not require additional informed consent (2%)
- ☐ D. The surgeon's actions are inappropriate as the nurse has greater fluency and should speak to the patient (0%)
- ✓ ☐ E. The surgeon's actions are inappropriate as they potentially violate the patient's rights (64%)

Incorrect

Correct answer

E



64%

Answered correctly



03 secs

Time Spent



2023

Version

Explanation





Patients with **limited English proficiency** (LEP) have a **legal right** to access health care in their preferred language. Health care institutions receiving any federal funding (eg, most hospitals) must comply with Title VI of the Civil Rights Act of 1964, which **prohibits discrimination** on the basis of race, color, and national origin; they are required to establish **professional interpretation** and translation systems (eg, qualified bilingual staff, teleconference services) for patients with LEP. Interpreter qualifications include demonstration of sufficient fluency in medical terminology and training in interpreter ethics and skills.

Patients with LEP who receive professional interpreter services experience fewer errors during high-risk processes (eg, informed consent, medication reconciliation, hospital discharge). This patient was appropriately provided an interpreter during the high-risk process of informed consent. However, communication accuracy must be maintained in the presurgery encounter given the patient's questions and pending safety processes (eg, confirming procedure site and side) **(Choice C)**. Therefore, the surgeon should provide the patient access to a certified interpreter, even if the surgery (which is not an emergency procedure) will be delayed.

Ad hoc interpretation (eg, by bilingual family members or staff lacking interpreter qualification) should be **avoided in non-emergency situations** due to potential error and bias. Providers with partial language skills (eg, this surgeon, nurse) often overestimate their ability to accurately communicate with patients of LEP, increasing error risk. Although the surgeon and nurse can speak some Spanish, their ability to clearly convey and comprehend complex (ie, more than basic) information in Spanish is likely limited; furthermore, the surgeon's minimal training in Spanish and use of English in addressing the patient raise concern for possible miscommunication **(Choices B and D)**.

(Choice A) Asking patients to describe their understanding of communicated information, known as teach-back, is a best practice for verifying patient comprehension. However, it is not reliable in this case because of the uncertainty regarding the ability of the surgeon and nurse to accurately comprehend the patient's response.

Educational objective:

Hospitals are required to provide patients of limited English proficiency access to health care services in their



are required to establish **professional interpretation** and translation systems (eg, qualified bilingual staff, teleconference services) for patients with LEP. Interpreter qualifications include demonstration of sufficient fluency in medical terminology and training in interpreter ethics and skills.

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Educational objective:
Hospitals are required to provide patients of limited English proficiency access to health care services in their preferred language. Interpretation services should be provided by qualified interpreters (eg, telephone or qualified bilingual staff) with demonstrated language fluency and training in interpreter skills and ethics.

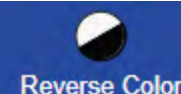
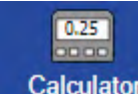
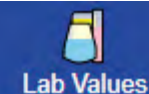
References



A 65-year-old man is admitted to the inpatient unit of a busy community hospital for worsening shortness of breath over the last few days. He has a 40-pack-year smoking history and was initially diagnosed with chronic obstructive pulmonary disease exacerbation and treated accordingly. Chest x-ray on admission shows a large hilar opacity, and CT scan confirms the presence of a 4-cm mass in the right hilum. During the process of obtaining informed consent for bronchoscopy with biopsy, the patient says, "Doc, please don't tell me what they find, because if it's cancer, I don't want to know." Which of the following is the most appropriate response to this patient's request?

- ☐ A. "Hearing you have a lung mass is upsetting; perhaps take some time to think about whether you really want to undergo this procedure."
- ☐ B. "I can't imagine how stressful this is for you, but if the results do show cancer, it would be important for you to make a decision about treatment."
- ☐ C. "I won't share the results of the procedure if that is your preference, although I would like to understand how you came to that decision."
- ☐ D. "It's normal to try and avoid hearing bad news; however, the uncertainty of not knowing your diagnosis can cause even more anxiety."
- ☐ E. "You can choose to not hear your results, but you should appoint someone in your family to make decisions on your behalf."

Submit



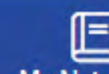
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- ☐ A. "Hearing you have a lung mass is upsetting; perhaps take some time to think about whether you really want to undergo this procedure." (2%)
- ☒ B. "I can't imagine how stressful this is for you, but if the results do show cancer, it would be important for you to make a decision about treatment." (15%)
- ☐ C. "I won't share the results of the procedure if that is your preference, although I would like to understand how you came to that decision." (63%)
- ☐ D. "It's normal to try and avoid hearing bad news; however, the uncertainty of not knowing your diagnosis can cause even more anxiety." (1%)
- ☐ E. "You can choose to not hear your results, but you should appoint someone in your family to make decisions on your behalf." (16%)

IncorrectCorrect answer
C63%
Answered correctly03 secs
Time Spent2023
Version

Explanation

Just as competent patients have the right to refuse medical care and interventions, they also have the **right to**





Just as competent patients have the right to refuse medical care and interventions, they also have the **right to refuse** to receive diagnostic **information**. Requests to withhold information may stem from personal fears or cultural, religious, or social factors. The patient's wishes should be respected based on the **principle of autonomy**, and the patient should not feel pressured to change his decision.

However, this patient likely has **unspoken fears** about a cancer diagnosis that can be addressed. An appropriate initial response is to attempt to understand why the patient feels this way. Efforts should be made to gently **explore the patient's concerns** and elicit questions he may have about potential diagnoses (eg, lung cancer and other possibilities). The physician should try to understand the patient's desires and concerns to develop a trusting relationship that may facilitate future collaborative treatment planning.

(Choice A) This statement asks the patient to reconsider whether he wants a bronchoscopy based on his preference not to know the outcome. It could be experienced as putting pressure on the patient not to undergo the procedure and misses the opportunity to ask why the patient doesn't want to know the results.

(Choice B) Although explaining how knowing the diagnosis may help the patient make subsequent treatment decisions, doing so prematurely without inquiring about the patient's reasoning may pressure the patient to acquiesce to the physician's desire, which does not respect the patient's autonomy.

(Choice D) This response normalizes the tendency to avoid receiving bad news, but it makes the unfounded assumption that not knowing will cause more anxiety than bad news for this particular patient.

(Choice E) This response respects the patient's autonomy but is dismissive and excludes future collaborative treatment planning. The physician should attempt to understand the patient's perspective and address his concerns.

Educational objective:

Patients have the right to have information withheld from them regarding their medical condition. Physicians must respect their wish not to know but should also explore the patient concerns to better understand their preferences





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(Choice A) This statement asks the patient to reconsider whether he wants a bronchoscopy based on his preference not to know the outcome. It could be experienced as putting pressure on the patient not to undergo the procedure and misses the opportunity to ask why the patient doesn't want to know the results.

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Educational objective:

Patients have the right to have information withheld from them regarding their medical condition. Physicians must respect their wish not to know but should also explore the patient concerns to better understand their preferences and maximize their involvement in subsequent medical decision-making.



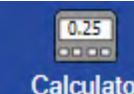
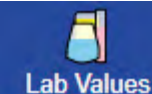
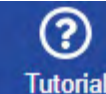
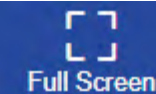


A 35-year-old man comes to the office for a routine health maintenance evaluation. After separating from his wife, the patient recently moved to "make a fresh start" and start a new job. He has no chronic medical conditions and has had no surgeries. The patient is sexually active and has had 6 lifetime partners. When completing the rest of the sexual history, which of the following questions is most appropriate for the physician to ask?

- ☐ A. "What are the genders of your current and previous sexual partners?"
- ☐ B. "Can you tell me about your previous romantic relationships?"
- ☐ C. "Did you have other sexual partners while you were married?"
- ☐ D. "Do you identify as heterosexual, homosexual, or bisexual?"
- ☐ E. "Have you ever had sexual intercourse with a man?"




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- ✓ ☐ A. "What are the genders of your current and previous sexual partners?" (46%)
- ✗ ☒ B. "Can you tell me about your previous romantic relationships?" (27%)
- ☐ C. "Did you have other sexual partners while you were married?" (2%)
- ☐ D. "Do you identify as heterosexual, homosexual, or bisexual?" (16%)
- ☐ E. "Have you ever had sexual intercourse with a man?" (5%)

IncorrectCorrect answer
A 46%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

Sexual history is a key part of comprehensive patient care and should be obtained at all initial visits, routine preventive screenings, and visits when sexually transmitted infections are suspected. Physicians should attempt to put patients of all sexual orientations and gender identities at ease when reviewing **sexual history** because, for some, the discussion may feel uncomfortable and intrusive. Normalizing the discussion as a routine component of the medical examination, ensuring confidentiality, remaining nonjudgmental, and expressing a willingness to address all sexual health concerns can facilitate the discussion.

When asking about sexual partners, the physician should **avoid** using labels or making **assumptions** about





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When asking about sexual partners, the physician should **avoid** using labels or making **assumptions** about patients or their partners' sexual orientation or gender identity. Asking an **open-ended** question about **all sexual partners** allows patients to describe their sexual partners and behavior in terms that they are familiar with and that reflect their gender identity. After inquiring about the gender of sexual partners (including trans, nonbinary), the physician can ask about pertinent types of sex (eg, vaginal, oral, anal) with each partner in order to make testing recommendations for sexually transmitted infections (eg, HIV) and discuss risk-reduction strategies. Another possible formulation is, "What is/are the sex and gender of your sexual partner(s)?"

(Choice B) This question is nonspecific and does not directly address sexual behavior. An individual may be sexually active outside of a romantic relationship or may not view an interaction as romantic. Although this question may yield some information regarding the patient's relationship history, it may exclude important information about some partners and sexual behaviors.

(Choice C) Questioning the patient about other sexual partners while he was married may make him feel judged and less willing to disclose his sexual history. This inquiry also fails to focus on all sexual partners.

(Choice D) This question forces the patient to choose a sexual orientation label. Many individuals may identify as heterosexual but have sexual contact with individuals of the same gender. Others may not relate to any of these labels to describe their sexuality.

(Choice E) Asking the patient whether he has ever had intercourse with a man is a narrow, close-ended question that does not address the possible range of his sexual behaviors or partners.



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- (Choice E)** Asking the patient whether he has ever had intercourse with a man is a narrow, close-ended question that does not address the possible range of his sexual behaviors or partners.

Educational objective:

Taking a sexual history is a key part of comprehensive care and requires an inclusive and nonjudgmental approach. Physicians should avoid making assumptions about a patient's sexual history and use an open-ended inquiry about all sexual partners.

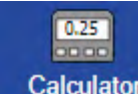
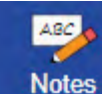
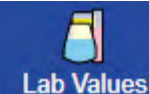
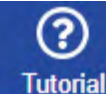


A 19-year-old man is admitted with delusions, hallucinations, and disorganized behavior. He is diagnosed with schizophrenia, and the physician writes an order to begin aripiprazole "2.0" mg. The patient mistakenly receives 20 mg aripiprazole instead of 2 mg. This order is overlooked during the pharmacy review process, and the nurse fails to question it before administering aripiprazole to the patient. Which of the following is the most effective intervention to reduce this type of error?

- ☐ A. Confirm dosage with the patient prior to administration
- ☐ B. Educate physicians to avoid use of trailing zeros
- ☐ C. Employ computerized systems to flag inappropriate medication orders
- ☐ D. Remind physicians to be careful with decimal point placement
- ☐ E. Require 2 nurses to check medication orders
- ☐ F. Require 2 pharmacists to check all orders

Submit








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- ☐ A. Confirm dosage with the patient prior to administration (6%)
- ✓ ☒ B. Educate physicians to avoid use of trailing zeros (46%)
- ☐ C. Employ computerized systems to flag inappropriate medication orders (24%)
- ☐ D. Remind physicians to be careful with decimal point placement (2%)
- ☐ E. Require 2 nurses to check medication orders (9%)
- ☐ F. Require 2 pharmacists to check all orders (9%)

Correct

 46%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

Illegible orders and transcribing errors are preventable causes of medication errors. In this case, the medication error could be due to an unclear decimal point or a transcription error. Although the increased use of computerized physician order entry systems with drop-down menus for drug, dose, route, and frequency has reduced the incidence of these errors, the systems are not universally available. Physicians must write or enter orders clearly and specifically avoid using trailing zeros to prevent errors in dosage. Studies show that educational interventions



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(Choice A) Confirming the dosage with the patient may be helpful. However, it is an inadequate double-check due to many patients being unaware of their medication dosage or in a mental state (due to a psychiatric or medical condition) that may prevent them from thinking clearly about it.

(Choice C) Because a particular medication may be available in different dosages, computerized checks with automated alerts may not consistently identify a higher dosage as an error. Computerized systems are helpful in eliminating illegible orders; identifying patients at high risk for an adverse event; and alerting physicians to medication allergies, drug interactions, and dosage limits.

(Choice D) Eliminating trailing zeros entirely is a better option than reminding physicians to be careful placing decimal points.

(Choices E and F) Hiring additional nursing and pharmacy staff to perform double-checks on each medication order would not be cost-effective and would not consistently detect handwritten notation errors, as individuals reviewing the orders may influence each other's opinion.

Educational objective:

Avoiding the use of unsafe abbreviations and trailing zeros in medication orders can help reduce the incidence of medication errors.

References

- Impact of prescriber's handwriting style and nurse's duty duration on the prevalence of transcription errors in



A 65-year-old man is admitted overnight to the hospital with abdominal pain. It is determined that he has an uncomplicated small bowel obstruction that will require surgery in the morning. Temperature is 37 C (98.6 F), blood pressure is 130/82 mm Hg, and pulse is 90/min. The resident meets with the patient and his adult son, who has accompanied him to the hospital, to discuss surgical intervention. After introducing herself, the resident learns that the patient speaks primarily Vietnamese and has limited English proficiency, although his son speaks both Vietnamese and English. The son shares that he is a critical care nurse and offers to interpret the conversation for his father. Which of the following responses to the patient's son is the most appropriate?

- ☐ A. "I appreciate your offer to interpret; however, I need to get a trained medical interpreter before I start talking with your father."
- ☐ B. "I'll print out the Vietnamese version of the consent form. It would be helpful if you could interpret any questions your father may have after reading it."
- ☐ C. "Thank you. That would be very helpful, especially since you are already familiar with medical terminology."
- ☐ D. "That would make things much easier; could you start by asking your father what his understanding of the situation is?"
- ☐ E. "That's a kind offer, but I wouldn't be able to have a direct and objective discussion with your father if you interpret it."





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- ✓ ☐ A. "I appreciate your offer to interpret; however, I need to get a trained medical interpreter before I start talking with your father." (78%)
- ✗ ☒ B. "I'll print out the Vietnamese version of the consent form. It would be helpful if you could interpret any questions your father may have after reading it." (3%)
- ☐ C. "Thank you. That would be very helpful, especially since you are already familiar with medical terminology." (1%)
- ☐ D. "That would make things much easier; could you start by asking your father what his understanding of the situation is?" (4%)
- ☐ E. "That's a kind offer, but I wouldn't be able to have a direct and objective discussion with your father if you interpret it." (12%)

Incorrect

Correct answer

A



78%

Answered correctly



03 secs

Time Spent



2023

Version

Explanation



Communicating with patients who have limited English proficiency	
Initial consent	<ul style="list-style-type: none">Determine patient's primary/preferred languageObtain consent for interpreter services
Preferred mode of communication	<ul style="list-style-type: none">Interpreter (or provider) fluent in both medical communication & patient's preferred language
Alternate modes*	<ul style="list-style-type: none">Telephonic or remote interpreter serviceNonprovider staff (eg, medical assistant, receptionist)Family/friendsWritten communication
*Not recommended if medical interpreter can be obtained & patient consents.	

This patient requires surgical intervention and must give appropriate consent before proceeding. However, he has **limited English proficiency** (LEP) and will require language assistance to make informed decisions about his health care. Best practices for medical communication with a patient who has LEP is to use an interpreter (or provider) trained in medical translation in the patient's primary language. Using a **trained medical interpreter** can help avoid potentially dangerous miscommunication, and leads to fewer clinical errors, higher patient satisfaction, and better clinical outcomes. However, using an interpreter or other personnel to provide care is subject to **consent by the patient**.

If a face-to-face interpreter is unavailable, video or telephonic remote translation services should be offered. If the situation is urgent and there is no time to wait for interpretation services, communication should be facilitated by any tools available (eg, friends/family, writing/drawing instruments, bilingual hospital staff); however, these options should not be considered standard procedure in nonemergency situations.

(Choice B) Printing out a Vietnamese language informed consent form would be helpful. However, it does not replace the need for a medical interpreter who can provide details of the procedure and guarantee that the patient's



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(Choice B) Printing out a Vietnamese language informed consent form would be helpful. However, it does not replace the need for a medical interpreter who can provide details of the procedure and guarantee that the patient's questions are answered thoroughly.

(Choices C and D) Friends and family members are not ideal for language interpretation due to lack of impartiality and possible barriers to open communication regarding sensitive topics (eg, domestic abuse). They may also be unfamiliar with medical terminology and may struggle to accurately convey complex medical information (although this patient's son has medical training). This patient should be offered the services of a trained medical translator; family would be used only if the patient declines an outside translator.

(Choice E) Although this statement reflects a potential reason to avoid using family members as interpreters, there is nothing in the family interaction to suggest a lack of objectivity, and such a direct response may be taken as demeaning or insensitive.

Educational objective:

Physicians must ensure the appropriate use of medical interpreters to promote adequate patient understanding and participation in the decision-making process. This is particularly important when obtaining informed consent for treatment.





A 26-year-old woman comes to the emergency department accompanied by her boyfriend for evaluation of a broken nose. With the boyfriend present, she explains that she tripped and fell in the bathroom, hitting her face on the countertop. When asked privately if she feels unsafe with her boyfriend, the patient says, "No, everything is fine. He just gets a little upset when he has too much to drink." When questioned further about how she sustained her nasal fracture, she says, "He pushed me and I fell, but I'm sure it won't happen again." After assessing the extent of the injuries, which of the following statements by the physician is the most appropriate?

- ☐ A. "How do you know your boyfriend won't hurt you again the next time he drinks too much?"
- ☐ B. "I can give you a list of domestic violence programs, but you have to decide if you want to get help."
- ☐ C. "This relationship seems unsafe to me; can you help me understand why you remain in it?"
- ☐ D. "You deserve to be safe; where could you go if you felt unsafe?"
- ☐ E. "Your injury is concerning; do you understand why I am worried about your safety?"

Submit



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- A. "How do you know your boyfriend won't hurt you again the next time he drinks too much?" (2%)
- ✖

●

B. "I can give you a list of domestic violence programs, but you have to decide if you want to get help." (9%)
- C. "This relationship seems unsafe to me; can you help me understand why you remain in it?" (4%)
- ✔

○

D. "You deserve to be safe; where could you go if you felt unsafe?" (59%)
- E. "Your injury is concerning; do you understand why I am worried about your safety?" (23%)

Incorrect

Correct answer D

59%

Answered correctly

03 secs

Time Spent

2023

Version

Explanation

Assessment of intimate partner violence	
Signs	<ul style="list-style-type: none">Location of injuries (eg, genitals, torso, face, head, neck)Inconsistent explanation, evasive, fearfulNonadherence to follow-up, emergency department visits

Assessment of intimate partner violence	
Signs	<ul style="list-style-type: none">• Location of injuries (eg, genitals, torso, face, head, neck)• Inconsistent explanation, evasive, fearful• Nonadherence to follow-up, emergency department visits• Partner who resists patient being seen alone• Discomfort in examination, sexually transmitted infections, chronic pelvic pain
Interview strategies	<ul style="list-style-type: none">• Ensure privacy• Nonjudgmental, empathic, open-ended questions• Avoid pressuring to disclose abuse or report or leave partner• Assess immediate safety; determine emergency safety plan, provide referrals for resources as needed (eg, shelters, domestic violence agency, mental health)

This patient shows several signs suggestive of **intimate partner violence (IPV)** (eg, head injury; inconsistent explanation of injury; reluctance to disclose, especially in partner's presence). As in this case, many people in abusive relationships do not seek assistance and may **minimize or deny abuse** due to shame, fear of partner retaliation, doubt that there is any alternative, or belief that the abuse is deserved.

The best initial approach is gentle, **supportive, open-ended inquiry** followed by a **safety assessment** and identification of emergency **safety plans**. Although the patient currently denies feeling unsafe, she should be asked if she has a plan in case violence escalates in the future. Helping the patient to develop a personalized safety plan (ie, identifying where the patient would go if feeling unsafe) is a priority.

(Choice A) Direct confrontation of this patient's denial would likely place the patient on the defensive and be perceived as unsupportive. This communication would be unlikely to overcome her reluctance to seek help for IPV.

(Choice B) Patients should be encouraged and empowered to speak to physicians about IPV. Simply providing this patient with a referral list and placing the entire burden of getting help on her is likely to leave the patient

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(Choice A) Direct confrontation of this patient's denial would likely place the patient on the defensive and be perceived as unsupportive. This communication would be unlikely to overcome her reluctance to seek help for IPV.

(Choice B) Patients should be encouraged and empowered to speak to physicians about IPV. Simply providing this patient with a referral list and placing the entire burden of getting help on her is likely to leave the patient feeling abandoned and decrease the chances of her seeking assistance now and in the future.

(Choice C) The reasons why a patient stays in an abusive relationship are complex. Asking the patient why she remains in the relationship implies that she should have left; it is also likely to be perceived as judgmental and might discourage her from seeking help in the future.

(Choice E) Asking the patient if she understands why the physician is concerned is condescending and judgmental. It is a closed-ended question that would likely discourage the patient from discussing her own feelings and fears.

Educational objective:

Patients experiencing intimate partner violence should be approached in a supportive, nonjudgmental, open-ended manner. A thorough safety assessment and development of a personalized emergency safety plan are essential.

References

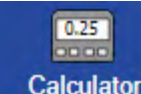
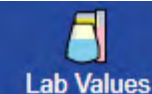
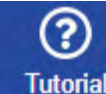


A 29-year-old woman comes to the office for evaluation of vaginal discharge and pruritus for the past week. The discharge is thick and yellow with no associated odor. The patient is sexually active with multiple partners. When asked about the genders of her sexual partners, the patient says, "Why does it matter? I'm pretty sure this is a yeast infection, so I just need some medication." Which of the following is the most appropriate response at this time?

- ☐ A. "I can see you're uncomfortable talking about this. We can discuss it at a follow-up appointment when you're ready."
- ☐ B. "I routinely ask my patients about sexual partners because it helps me fully understand what their health needs are."
- ☐ C. "It may be difficult to offer the most appropriate screening and treatment unless you are open about your sexual partners."
- ☐ D. "This can be an uncomfortable topic for patients; tell me why you don't feel comfortable talking about your sexual partners."
- ☐ E. "This is likely a yeast infection, but I need you to tell me about your sexual relationships to be sure it isn't something more serious."




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- ☐ A. "I can see you're uncomfortable talking about this. We can discuss it at a follow-up appointment when you're ready." (2%)
- ✓ ☐ B. "I routinely ask my patients about sexual partners because it helps me fully understand what their health needs are." (55%)
- ✗ ☒ C. "It may be difficult to offer the most appropriate screening and treatment unless you are open about your sexual partners." (4%)
- ☐ D. "This can be an uncomfortable topic for patients; tell me why you don't feel comfortable talking about your sexual partners." (31%)
- ☐ E. "This is likely a yeast infection, but I need you to tell me about your sexual relationships to be sure it isn't something more serious." (6%)

IncorrectCorrect answer
B 55%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

Sexual history is an essential part of a patient's medical history but is a topic that may be uncomfortable for both patients and physicians. The best approach is to try to put the patient at ease by **normalizing the sexual history**.



Sexual history is an essential part of a patient's medical history but is a topic that may be uncomfortable for both patients and physicians. The best approach is to try to put the patient at ease by **normalizing the sexual history** as a **routine component** of the medical history. The physician's demeanor should convey that the sexual history is routinely obtained and necessary to provide good health care, similar to other key parts of the physician-patient interaction (eg, obtaining substance use history, physical examination) that might be experienced as intrusive in other contexts. By inquiring about sexual history in the same clinical and empathetic manner used for other aspects of a history and physical, physicians can place a patient at ease and create a trusting space in which a patient can talk about potentially uncomfortable and intimate topics.

(Choice A) It is inappropriate to defer this critical aspect of the history to a later date based on an unverified assumption of patient discomfort. The patient's responses may indicate the need for additional STD testing, which should not be deferred.

(Choice C) This statement has a judgmental tone and implies that the patient's lack of openness might negatively impact her treatment. It is unlikely to facilitate open communication.

(Choice D) Although it may be appropriate to explore a patient's discomfort with a particular topic, this question is premature because it relies on the unverified assumption that the patient is uncomfortable with the topic, which may make her defensive. Normalizing sexual history and explaining why it is important is more likely to be productive.

(Choice E) It would be inappropriate to offer a diagnosis before completing a full evaluation and workup.

Educational objective:

Sexual history is an essential part of gathering a complete medical history. This topic may be uncomfortable for both patient and physician, so it is important to normalize it as a routine part of a medical evaluation.



A 4-year-old boy is brought to the emergency department by his mother due to an asthma exacerbation. He has a history of poorly controlled asthma, with nonadherence to medication and outpatient follow-up visits. The mother works 2 jobs to support the family and says she has difficulty bringing the patient to appointments. Initial physical examination shows expiratory wheezes in both lungs. The patient is given nebulized albuterol, and his breathing improves. On repeat examination, a healing, round burn mark is seen on the back. When asked about the burn, the patient says, "That happens when I'm bad." His mother explains that it was an accident resulting from the boy "playing with the cigarette lighter in the car." Which of the following is the most appropriate next step in management of this patient?

- ☐ A. Arrange for medical hospitalization to ensure the patient's safety
- ☐ B. Ask the mother what kind of supervision the patient receives during the day
- ☐ C. Call security and then ask the mother to leave the room to interview the patient alone
- ☐ D. Notify child protective services
- ☐ E. Tell the mother that the location of the patient's burn is unlikely to be accidental

Submit



Full Screen

Tutorial

Lab Values

Notes

Calculator

Reverse Color

Text Zoom

Settings

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- A. Arrange for medical hospitalization to ensure the patient's safety (3%)
- B. Ask the mother what kind of supervision the patient receives during the day (7%)
- C. Call security and then ask the mother to leave the room to interview the patient alone (9%)
- D. Notify child protective services (78%)
- E. Tell the mother that the location of the patient's burn is unlikely to be accidental (0%)

Incorrect

Correct answer
D

78%
Answered correctly

04 secs
Time Spent

2023
Version

Explanation

Features of possible child abuse	
	Caregiver background <ul style="list-style-type: none">• Young or single parents

Features of possible child abuse	
Risk factors	<p>Caregiver background</p> <ul style="list-style-type: none">• Young or single parents• Lower education levels• Substance use disorder• Psychiatric conditions (depression, impulse control disorders)• History of childhood abuse <p>Home environment</p> <ul style="list-style-type: none">• Unstable family situation (eg, divorce, conflict)• Financial difficulties, job loss• Lack of social support• Domestic violence <p>Children</p> <ul style="list-style-type: none">• Physical, intellectual, or emotional disabilities• Unplanned pregnancy/unwanted child
Clinical presentation	<ul style="list-style-type: none">• Unexplained or implausible injuries• Injuries in different stages of healing• Malnutrition• Sudden behavioral or scholastic changes
Management	<ul style="list-style-type: none">• Document objective findings from evaluation• Report suspected abuse to child protective services

This child's characteristic **cigarette burn** (eg, "healing, round burn mark") and inconsistent explanation of how the injury occurred ("playing with the cigarette lighter in the car") are concerning for **child abuse**. The ongoing pattern



This child's characteristic **cigarette burn** (eg, "healing, round burn mark") and inconsistent explanation of how the injury occurred ("playing with the cigarette lighter in the car") are concerning for **child abuse**. The ongoing pattern of poorly controlled asthma and nonadherence to medication and follow-up visits are also concerning for medical neglect.

When evaluating an injured child, physicians must carefully screen for **suspicious physical findings** and any associated **historical inconsistencies**. Signs suggestive of abuse on examination include multiple injuries of different types and stages of healing, pathognomonic injuries (eg, cigarette burns, symmetrical buttocks scalding), retinal hemorrhages, genital trauma, signs of neglect (eg, uncleanliness, malnourishment), and significant emotional or behavioral disturbances (eg, excessive compliance, pseudomaturity).

Physicians are obligated to report suspected child abuse or neglect to **child protective services** (CPS) for further investigation. **Reporting is mandatory**, and **reasonable suspicion is sufficient**; confirmation of abuse or neglect is not required for reporting purposes. CPS conducts assessments, coordinates family and rehabilitative services, and arranges foster family placement when needed.

(Choice A) Children with presentations that do not require hospitalization (eg, "healing, round burn mark") can be discharged after the physician and/or CPS determines that the child's immediate safety is not at risk.

(Choice B) There is sufficient evidence to suspect physical abuse and neglect, requiring that CPS be notified for further intervention. Asking about daytime supervision sidesteps the abuse and neglect, which is the most important issue to address. Regardless of whether the mother or another daytime caregiver is the offender, this situation warrants CPS involvement.

(Choice C) Calling security and insisting that the mother leave the room are indicated if there is an immediate risk to the child. This patient has a suspicious examination finding and has already disclosed sufficient evidence of possible abuse, justifying CPS involvement; it is unnecessary to interview him alone, which would unreasonably risk escalating the parent's reaction, prior to contacting CPS.





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(Choice E) Openly doubting the mother's explanation will likely be met with denial, and confrontationally challenging caregivers is risky because they may become violent or attempt to flee the emergency department. It is therefore preferable to contact CPS if there are concerns for child abuse.

Educational objective:

Physicians are obligated to report suspected child abuse or neglect to child protective services (CPS) for further investigation. Reporting is mandatory, and reasonable suspicion is sufficient to make a report.



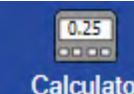
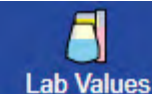
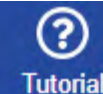
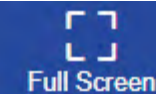


A 62-year-old man comes to the office with his wife for evaluation of episodic chest pain. The physician introduces herself to the patient and his wife and confirms that he is comfortable and not experiencing any current pain. The patient's wife begins the conversation by saying, "He brought a list of his medications for you to review, but I'm not sure he takes all of them regularly." After thanking them for bringing the list, which of the following is the most appropriate way for the physician to initiate the medical interview?

- ☐ A. "Have you had trouble remembering to take your medications?"
- ☐ B. "How will your pain improve if you don't take your medications?"
- ☐ C. "May I ask your wife to leave for this part of the evaluation?"
- ☐ D. "What do your episodes of chest pain feel like?"
- ☐ E. "Why do you think you have difficulties taking your medications regularly?"

Submit





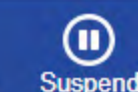
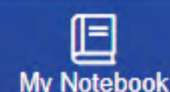
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- ☐ A. "Have you had trouble remembering to take your medications?" (15%)
- ☐ B. "How will your pain improve if you don't take your medications?" (0%)
- ☒ C. "May I ask your wife to leave for this part of the evaluation?" (21%)
- ☐ D. "What do your episodes of chest pain feel like?" (44%)
- ☐ E. "Why do you think you have difficulties taking your medications regularly?" (18%)

IncorrectCorrect answer
D44%
Answered correctly03 secs
Time Spent2023
Version

Explanation

Patient-centered care requires communication skills that engage the patient in discussing his or her perspective of the illness, which helps build rapport and aids in acquiring a more complete history. In this scenario, the wife begins the conversation by expressing her concern about the patient's medication adherence. Although acquiring collateral information can be important, the best approach is to **redirect the conversation back to the patient** to first elicit his perspective and concerns. It is better to explore medication adherence once rapport has already been established.



Patient-centered care requires communication skills that engage the patient in discussing his or her perspective of the illness, which helps build rapport and aids in acquiring a more complete history. In this scenario, the wife begins the conversation by expressing her concern about the patient's medication adherence. Although acquiring collateral information can be important, the best approach is to **redirect the conversation back to the patient** to first elicit his perspective and concerns. It is better to explore medication adherence once rapport has already been established.

Medical interviewing is best initiated with an **open-ended question**. This invites the patient to describe their condition in their own words and gives the physician insight into the patient's major concerns, which can be addressed with more specific questions later in the interview. Examples of open-ended questions include: "What brings you in today?" and "What is that like for you?" In contrast, a closed-ended question requires only a yes/no response and does not encourage conversation/exploration.

(Choices A, B, and E) Although the wife has alerted the physician to a potentially important issue (possible medication nonadherence), it would be inappropriate to begin a medical interview with questions that assume (without asking) that the patient is, in fact, not taking his medication and focus on the wife's concerns rather than the patient's. This may put the patient on the defensive, leading to a deterioration of the physician-patient relationship. In addition, asking the patient if he is having trouble with remembering his medications is an example of a yes/no, closed-ended question.

(Choice C) Although patients should be given the opportunity to speak to the physician alone, this question suggests the wife should leave. It is preferable to ask the patient if he would like her to stay or leave.

Educational objective:
Patient-centered medical interviewing should focus on the patient's perspective of the illness. Interviews are best initiated with an open-ended question that elicits the patient's major concerns in the patient's own words.

References



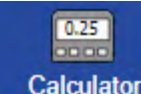
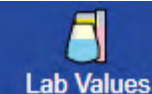
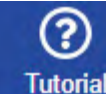
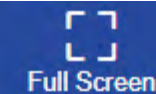
A 45-year-old woman with type 2 diabetes mellitus, obesity, and hypertension comes to the office for a routine follow-up visit. Her medications include a sulfonylurea and ACE inhibitor. The patient has lost 2.3 kg (5 lb) and credits a new energy and weight loss supplement. She purchased the supplement over the Internet on the recommendation of a friend and believes that it contains caffeine and several herbs that promote weight loss. The patient has had no problems tolerating the supplement. Blood pressure is 140/90 mm Hg and pulse is 88/min.

Which of the following is the most appropriate response by the physician?

- ☐ A. Advise the patient to avoid the supplement and engage in other forms of weight loss
- ☐ B. Advise the patient to limit the use of other caffeine-containing products
- ☐ C. Explain that weight loss due to dietary supplements is unlikely to be sustainable
- ☐ D. Offer to review the ingredients with the patient and discuss the potential risks of supplements
- ☐ E. Respect the patient's decision and follow her closely




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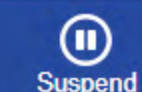
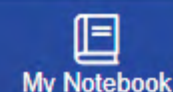
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- ☐ A. Advise the patient to avoid the supplement and engage in other forms of weight loss (2%)
- ☐ B. Advise the patient to limit the use of other caffeine-containing products (2%)
- ☒ C. Explain that weight loss due to dietary supplements is unlikely to be sustainable (1%)
- ☒ D. Offer to review the ingredients with the patient and discuss the potential risks of supplements (84%)
- ☐ E. Respect the patient's decision and follow her closely (9%)

IncorrectCorrect answer
D 84%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

Patients commonly use **herbal** preparations and **dietary supplements**. Although the US Food and Drug Administration (FDA) regulates dietary supplements, the regulations are less strict than those for prescription and over-the-counter medications. Some herbal products have established safety and/or efficacy, but there are **few quality assurances** regarding the content and purity of many herbal supplements, and unknown toxic ingredients may cause **adverse effects** and dangerous **drug interactions**. For example, the herbal supplement ephedra, marketed as a diet pill and energy booster, was banned by the FDA in 2004 due to the risk of cardiovascular



Explanation

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It is important for physicians to **routinely inquire** about the use of these products, both to understand why patients are using them and to evaluate the risks and benefits of continued use. This patient should be supported in her weight-loss efforts and her use of supplements should not be immediately dismissed. The physician should instead **assess the ingredients** for contraindications or drug interactions and then provide **counsel regarding the potential risks**, especially given her medical history.

(Choice A) Although the physician should work with the patient to develop a comprehensive weight-loss plan, including behavioral approaches to weight loss, this response is dismissive and does not take into account the use of supplements, which this patient is likely to continue taking.

(Choices B and E) Supporting the patient's continued use of the supplement or merely cautioning her to avoid additional caffeine, without assessing the supplement for dangerous ingredients such as ephedra, does not adequately address safety concerns.

(Choice C) The patient may interpret this response as discouraging her efforts to lose weight, negatively impacting rapport with the physician. In addition, it does not address the risks or benefits of the supplement itself.

Educational objective:

Administration (FDA) regulates dietary supplements, the regulations are less strict than those for prescription and over-the-counter medications. Some herbal products have established safety and/or efficacy, but there are **few quality assurances** regarding the content and purity of many herbal supplements, and unknown toxic ingredients may cause **adverse effects** and dangerous **drug interactions**. For example, the herbal supplement ephedra, marketed as a diet pill and energy booster, was banned by the FDA in 2004 due to the risk of cardiovascular complications (eg, increased blood pressure, myocardial infarction, stroke). However, ephedra-containing products are still readily available through the Internet.

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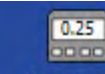
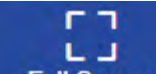
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(Choice C) The patient may interpret this response as discouraging her efforts to lose weight, negatively impacting rapport with the physician. In addition, it does not address the risks or benefits of the supplement itself.

Educational objective:
Physicians should routinely ask their patients about the use of herbal preparations and nutritional supplements and advise them on the quality, safety, and efficacy of these products.

References



A 40-year-old man comes to the office for evaluation of difficulty with concentration. After reading a book on adult attention deficit hyperactivity disorder (ADHD), he thinks that he has ADHD and requests treatment with stimulants. The patient has no history of childhood ADHD but states that his parents were unaware of the disorder and never had him evaluated. He currently does not experience hyperactivity or impulsivity but says, "I just get easily distracted some days and know I could be more productive at work." The patient does not use alcohol or use recreational substances. Medical history is noncontributory. Vital signs and physical examination are normal. The physician shares that the patient's symptoms are not consistent with a diagnosis of ADHD. The patient insists that he will benefit from stimulants. Which of the following is the most appropriate statement?

- ☐ A. "A trial of stimulant medication may be helpful for what you're experiencing, but I think psychotherapy may be more appropriate to try first."
- ☐ B. "Based on my evaluation, you don't have a condition that would warrant a stimulant; I suggest getting a second opinion if you do not agree."
- ☐ C. "I understand that you want to improve your ability to focus at work; I can prescribe a nonstimulant ADHD medication that can sometimes help with concentration difficulties."
- ☐ D. "Prescribing a stimulant medication is not indicated based on your evaluation; let's discuss some nonmedication treatment options that may help you focus more."
- ☐ E. "Your symptoms are not consistent with ADHD and do not require medication, but please schedule a follow-up to discuss treatment options if your symptoms worsen."

[Submit](#)

A 40-year-old man comes to the office for evaluation of difficulty with concentration. After reading a book on adult attention deficit hyperactivity disorder (ADHD), he thinks that he has ADHD and requests treatment with stimulants. The patient has no history of childhood ADHD but states that his parents were unaware of the disorder and never had him evaluated. He currently does not experience hyperactivity or impulsivity but says, "I just get easily distracted some days and know I could be more productive at work." The patient does not use alcohol or use recreational substances. Medical history is noncontributory. Vital signs and physical examination are normal. The physician shares that the patient's symptoms are not consistent with a diagnosis of ADHD. The patient insists that he will benefit from stimulants. Which of the following is the most appropriate statement?

- A. "A trial of stimulant medication may be helpful for what you're experiencing, but I think psychotherapy may be more appropriate to try first."

(2%)

✖

●

B. "Based on my evaluation, you don't have a condition that would warrant a stimulant; I suggest getting a second opinion if you do not agree."

(2%)

○

C. "I understand that you want to improve your ability to focus at work; I can prescribe a nonstimulant ADHD medication that can sometimes help with concentration difficulties."

(12%)
- ✔

○

D. "Prescribing a stimulant medication is not indicated based on your evaluation; let's discuss some nonmedication treatment options that may help you focus more."

(78%)
- E. "Your symptoms are not consistent with ADHD and do not require medication, but please schedule a follow-up to discuss treatment options if your symptoms worsen."
- (3%)

Incorrect

Correct answer
D

📊

78%
Answered correctly

🕒

03 secs
Time Spent

📅

2023
Version

Explanation

Block Time Elapsed: 00:02:04

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My Notebook

⚡

Flashcards

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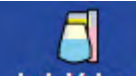
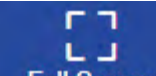
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Suspend

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End Block



Ethical dilemmas frequently arise in the provision of patient care because basic **ethical principles** (ie, autonomy, beneficence, nonmaleficence, justice) can often **conflict with each other**.

This patient comes to the office for evaluation of difficulty concentrating, but the specific concentration is limited to a single setting in a nonpersistent manner. In addition, he has no evidence of hyperactivity or impulsivity; therefore, the patient does not meet the criteria for attention deficit hyperactivity disorder (**ADHD**). However, despite this lack of diagnosis, this patient still requests ADHD treatment with a stimulant medication, which has a risk of adverse effects, including use disorder.

In this case, the right of the patient to make personal health care decisions (ie, **autonomy**) conflicts with acting in the best interest of the patient (ie, **beneficence**), in particular the avoidance of unnecessary, potentially harmful interventions (ie, nonmaleficence). The patient's right to make personal health care decisions does not extend to dictating the physician's recommendations; therefore, the physician should state why the medication is not recommended to **avoid potentially harmful interventions** while also **validating the patient's concerns** (eg, by providing nonmedication options).

(Choices A and C) This patient does not have ADHD; therefore, treatment with either psychotherapy or a nonstimulant ADHD medication are not appropriate. Providing either management option is not acting in the best interest of the patient.

(Choice B) Although it is appropriate to explain to the patient that a stimulant is not indicated, the defensive tone of suggesting another opinion "if you do not agree" harms rapport and can limit the willingness of the patient to hear recommendations.

(Choice E) Stating that the patient does not have ADHD is appropriate; however, recommending that the patient schedule a follow-up visit only if the symptoms worsen is dismissive of the patient's concern and suggests prolonged suffering is acceptable.

Educational objective:





a single setting in a nonpersistent manner. In addition, he has no evidence of hyperactivity or impulsivity; therefore, the patient does not meet the criteria for attention deficit hyperactivity disorder (ADHD). However, despite this lack of diagnosis, this patient still requests ADHD treatment with a stimulant medication, which has a risk of adverse effects, including use disorder.

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(Choices A and C) This patient does not have ADHD; therefore, treatment with either psychotherapy or a nonstimulant ADHD medication are not appropriate. Providing either management option is not acting in the best interest of the patient.

(Choice B) Although it is appropriate to explain to the patient that a stimulant is not indicated, the defensive tone of suggesting another opinion "if you do not agree" harms rapport and can limit the willingness of the patient to hear recommendations.

(Choice E) Stating that the patient does not have ADHD is appropriate; however, recommending that the patient schedule a follow-up visit only if the symptoms worsen is dismissive of the patient's concern and suggests prolonged suffering is acceptable.

Educational objective:

Medical decision-making often involves balancing conflicting ethical principles (ie, autonomy, beneficence, nonmaleficence, justice). While recognizing patients' rights to make personal health care decisions (ie, autonomy), the provider has the responsibility to use specialized training to incorporate the best interests of the patient into the provision of care (ie, beneficence), which includes limiting nonindicated interventions.



Explanation

Exhibit Display

Attention deficit hyperactivity disorder	
Clinical features	<ul style="list-style-type: none">• Inattentive &/or hyperactive/impulsive symptoms for ≥6 months<ul style="list-style-type: none">◦ Inattentive symptoms: difficulty focusing, distractible, does not listen or follow instructions, disorganized, forgetful, loses/misplaces objects◦ Hyperactive/impulsive symptoms: fidgety, unable to sit still, "driven by a motor," hypertalkative, interrupts, blurts out answers• Several symptoms present before age 12• Symptoms occur in at least 2 settings (home, school) & cause functional impairment• Subtypes: predominantly inattentive, predominantly hyperactive/impulsive, combined type

⚡ New | ⚡ Existing | 📖 My Notebook

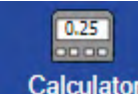
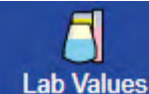


A 32-year-old woman comes to the office for follow-up of asthma. The patient reports that her asthma seems to be getting worse and describes increasingly frequent episodes of chest tightness and wheezing over the past several months. She says, "I find myself reaching for my inhaler more often than I used to, and I wonder if I should try a stronger medication." The patient has an 8-year history of intermittent asthma managed with an albuterol inhaler. She smoked marijuana in her 20s for several years and started smoking cigarettes over the past year. When asked about her tobacco use the patient says, "I'm smoking only half a pack a day or less and I really enjoy it, especially with my morning coffee." Which of the following is the most appropriate response to the patient?

- ☐ A. "I am concerned that you do not fully understand the negative effects of smoking on your asthma."
- ☐ B. "I can understand that you may not want to stop completely, but even just decreasing will help."
- ☐ C. "I understand that smoking gives you pleasure, but it is also making your asthma worse."
- ☐ D. "We can consider a stronger medication, but it is unlikely to help much if you continue to smoke."
- ☐ E. "Would you like to know more about how smoking affects your asthma?"




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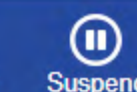
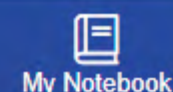
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- ☐ A. "I am concerned that you do not fully understand the negative effects of smoking on your asthma." (1%)
- ✗ ☒ B. "I can understand that you may not want to stop completely, but even just decreasing will help." (9%)
- ☐ C. "I understand that smoking gives you pleasure, but it is also making your asthma worse." (21%)
- ☐ D. "We can consider a stronger medication, but it is unlikely to help much if you continue to smoke." (5%)
- ✓ ☐ E. "Would you like to know more about how smoking affects your asthma?" (62%)

IncorrectCorrect answer
E 62%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

This patient is concerned about her **asthma** and appears to be unaware that **smoking** is likely contributing to her worsening symptoms. Her perspective is that she enjoys smoking and that her habit of less than half a pack a day is not detrimental to her health. In patients who are either unaware of or appear to be **minimizing the harms** of smoking on their health, a helpful approach is the **"elicit-provide-elicit" strategy**. This involves a nonjudgmental





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In this case, the patient's perspective is that she enjoys smoking and does not think it is harmful. The physician should offer to educate her about what usually happens to patients with asthma who smoke and to elicit her understanding of the information. This can be used as a starting point to help her develop ambivalence about continuing to smoke. **Motivational interviewing** techniques can then be used to further amplify the discrepancy between the patient's behavior and health goals.

(Choice A) This statement fails to take a patient-centered, collaborative approach and has a judgmental tone that is critical of the patient's lack of knowledge.

(Choice B) Suggesting that the patient should decrease her cigarette consumption before providing information about the harms of smoking is premature and unlikely to elicit change.

(Choice C) Although this response provides needed information about the negative impact of smoking on asthma, it does not elicit the patient's understanding or promote her interest in the discussion. Positive change needs to be internally motivated; therefore, having a respectful, collaborative approach (eg, by asking the patient what she knows or would like to know rather than telling her) is preferable.

(Choice D) Although this statement responds to the patient's interest in trying a stronger medication, it fails to address the underlying issue or educate the patient that addressing her smoking could relieve the worsening symptoms without the need for additional medication.



collaborative approach to exploring the patient's perspective, knowledge, and questions about the connection between smoking and their health; **providing targeted information** tailored to the patient (eg, this patient's asthma); and then eliciting the patient's understanding of the information provided.

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(Choice D) Although this statement responds to the patient's interest in trying a stronger medication, it fails to address the underlying issue or educate the patient that addressing her smoking could relieve the worsening symptoms without the need for additional medication.

Educational objective:

Patients who are either unaware of or appear to be minimizing the harms of smoking can benefit from a nonjudgmental, collaborative approach. This involves asking for the patient's perspective, knowledge, and concerns about smoking; providing relevant information; and then eliciting the patient's understanding of the information.

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Exhibit Display

Motivational interviewing	
Indications	<ul style="list-style-type: none">Substance use disordersOther behaviors in patients who are not ready to change
Principles	<ul style="list-style-type: none">Acknowledge resistance to changeAddress discrepancies between behavior & long-term goalsEnhance motivation to changeNonjudgmental
Technique (OARS)	<ul style="list-style-type: none">Ask Open-ended questions (encourage further discussion)Give AffirmationsReflect & Summarize main points

⚡ New | ⚡ Existing | 📖 My Notebook

Edu

Patients who are either unaware of or appear to be minimizing the harms of smoking can benefit from a



A 32-year-old woman comes to the office due to lower back pain after lifting heavy furniture a week ago. She recently moved to the area with her boyfriend, who is starting a new job. Physical examination shows mild paraspinal muscle tenderness. There is no radiation of pain on either side during the straight-leg raise test, and no neurologic deficits are noted in the lower extremities. However, multiple bruises in various stages of healing are noted on her abdomen and back. When the patient is asked about the bruising, she says, "It's nothing. I'm just really clumsy and bump into things." The patient provides brief responses and avoids eye contact throughout the evaluation. Which of the following is the most appropriate statement?

- ☐ A. "Given the location of your bruises, I'm concerned they were caused by someone else."
- ☐ B. "I can help if someone is hurting you, but you need to tell me about the bruises."
- ☐ C. "Moving to a new city can be stressful. How are things going at home?"
- ☐ D. "No one deserves to be in a relationship in which they are being harmed."
- ☐ E. "Where could you go if you felt unsafe at home and wanted to leave?"

Submit



A 32-year-old woman comes to the office due to lower back pain after lifting heavy furniture a week ago. She recently moved to the area with her boyfriend, who is starting a new job. Physical examination reveals paraspinal muscle tenderness. There is no radiation of pain on either side during the straight-leg raise test, and no neurologic deficits are noted in the lower extremities. However, multiple bruises in various stages of healing are noted on her abdomen and back. When the patient is asked about the bruising, she says, "It's nothing. I'm just really clumsy and bump into things." The patient provides brief responses and avoids eye contact throughout the evaluation. Which of the following is the most appropriate statement?

- New

Existing

Notebook
- ☐ A. "Given the location of your bruises, I'm concerned they were caused by someone else." (4%)
 - ✗

☒ B. "I can help if someone is hurting you, but you need to tell me about the bruises." (2%)
 - ✓

☐ C. "Moving to a new city can be stressful. How are things going at home?" (66%)
 - ☐ D. "No one deserves to be in a relationship in which they are being harmed." (0%)
 - ☐ E. "Where could you go if you felt unsafe at home and wanted to leave?" (26%)

Incorrect

Correct answer
C

66%
Answered correctly

03 secs
Time Spent

2023
Version

Explanation

Assessment of intimate partner violence	
Signs	<ul style="list-style-type: none">• Location of injuries (eg, genitals, torso, face, head, neck)• Inconsistent explanation, evasive, fearful• Nonadherence to follow-up, emergency department visits

A 32-year-old woman comes to the office due to lower back pain after lifting heavy furniture a week ago. She recently moved to the area with her boyfriend, who is starting a new job. Physical examination shows mild paraspinal muscle tenderness. There is no radiation of pain on either side during the straight-leg raise test, and no neurologic deficits are noted in the lower extremities. However, multiple bruises in various stages of healing are noted on her abdomen and back. When the patient is asked about the bruising, she says, "It's nothing. I'm just really clumsy and bump into things." The patient provides brief responses and avoids eye contact throughout the evaluation. Which of the following is the most appropriate statement?

- ☐

A. "Given the location of your bruises, I'm concerned they were caused by someone else." (4%)
- ☒

B. "I can help if someone is hurting you, but you need to tell me about the bruises." (2%)
- ☐

C. "Moving to a new city can be stressful. How are things going at home?" (66%)
- ☐

D. "No one deserves to be in a relationship in which they are being harmed." (0%)
- ☐

E. "Where could you go if you felt unsafe at home and wanted to leave?" (26%)

Incorrect

Correct answer
C

📊

66%
Answered correctly

🕒

03 secs
Time Spent

📅

2023
Version

Explanation

Assessment of intimate partner violence	
Signs	<ul style="list-style-type: none">• Location of injuries (eg, genitals, torso, face, head, neck)• Inconsistent explanation, evasive, fearful• Nonadherence to follow-up, emergency department visits

Assessment of intimate partner violence	
Signs	<ul style="list-style-type: none">• Location of injuries (eg, genitals, torso, face, head, neck)• Inconsistent explanation, evasive, fearful• Nonadherence to follow-up, emergency department visits• Partner who resists patient being seen alone• Discomfort in examination, sexually transmitted infections, chronic pelvic pain
Interview strategies	<ul style="list-style-type: none">• Ensure privacy• Nonjudgmental, empathic, open-ended questions• Avoid pressuring to disclose abuse or report or leave partner• Assess immediate safety; determine emergency safety plan, provide referrals for resources as needed (eg, shelters, domestic violence agency, mental health)

This patient with multiple bruises in various stages of healing is likely affected by **intimate partner violence** (IPV), which is any type of harm (eg, physical, psychologic, sexual) committed by a partner. IPV particularly affects women of childbearing age, with increased incidence during **stressful life events** (eg, recent move, new job). However, patients often underreport IPV due to shame or fear of retribution; therefore, a high degree of clinical suspicion should be maintained. Physicians should be alert to clues such as multiple injuries with **unlikely explanations** (eg, "I'm clumsy and bump into things") and signs of fearfulness or **avoidance** (eg, brief responses, avoidance of eye contact).

Patients with active IPV are often less forthcoming and **reluctant to speak**; therefore, the initial approach should avoid direct questioning and first necessitate establishing rapport with empathic validation (eg, "Moving to a new city can be stressful"). This can then be followed by **indirect questioning** to address the concern (eg, "How are things going at home?"). This approach is a subtler way of introducing the topic of IPV and can decrease patient hesitation while avoiding defensiveness or denial.

(Choices A and B). Inappropriate responses include those that improperly place the physician's opinions and



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(Choices A and B) Inappropriate responses include those that improperly place the physician's opinions and needs above those of the patient. These types of statements directly challenge the patient's story (eg, "I'm concerned they were caused by someone else") or are overly abrupt and directive (eg, "you need to tell me about the bruises"), approaches that risk the patient becoming defensive, undermining the possibility for intervention.

(Choices D and E) Although there is valid concern for abuse, unfounded assumptions should be avoided. If IPV is confirmed, immediate safety should be addressed at that time, followed by development of a safety plan. Value judgments (eg, "No one deserves..."), unless originating from the patient, should not be used during this process so as to avoid unintentionally alienating the patient.

Educational objective:

Routine screening for intimate partner violence (IPV) includes the use of direct questioning (eg, "Have you ever been hit by your partner?") to encourage disclosure. However, patients with suspected active IPV (eg, multiple bruises) may be less forthcoming and require indirect questioning (eg, "How are things going at home?").

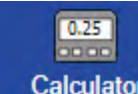
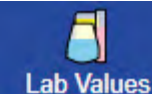
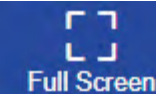




A 79-year-old man is undergoing evaluation for hospital admission due to an exacerbation of chronic obstructive pulmonary disease. His wife expresses concern about his health due to multiple hospitalizations over the last year for various complications related to his comorbidities. The patient has smoked cigarettes daily for more than 50 years. Medical history includes coronary artery disease, type 2 diabetes mellitus, and obesity. After performing a thorough history and physical examination, the physician prepares to admit the patient and decides to continue his existing medications for diabetes and heart disease. Admission orders also include supplemental oxygen, bronchodilators, antibiotics, and systemic corticosteroids. Which of the following additional components is most critical to include during the admission process?

- ☐ A. Discussion about diet and exercise to improve glycemic control and heart health
- ☐ B. Discussion of whether the patient has advance directives or a health care proxy
- ☐ C. Discussion regarding smoking cessation to reduce the patient's risk of dying from heart or lung disease
- ☐ D. Facilitation of a social work assessment to arrange for home health care and expedite discharge
- ☐ E. Verification of insurance coverage to determine eligibility for supplemental oxygen at home




Submit



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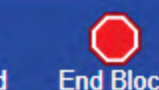
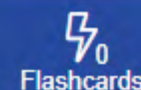
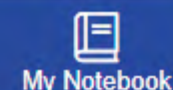
- ☐ A. Discussion about diet and exercise to improve glycemic control and heart health (2%)
- ✓ ☒ B. Discussion of whether the patient has advance directives or a health care proxy (70%)
- ☐ C. Discussion regarding smoking cessation to reduce the patient's risk of dying from heart or lung disease (20%)
- ☐ D. Facilitation of a social work assessment to arrange for home health care and expedite discharge (3%)
- ☐ E. Verification of insurance coverage to determine eligibility for supplemental oxygen at home (3%)

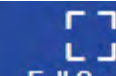
Correct

 70%
Answered correctly 02 mins, 20 secs
Time Spent 2023
Version

Explanation

Advance directives record a patient's personal preferences for health care and treatment if the patient lacks decision-making capacity. During hospital admissions, **all patients** admitted to the hospital must be asked about **resuscitation preferences** (eg, full code, Do-Not-Resuscitate [DNR]) and whether advance directives are in place.





Advance directives record a patient's personal preferences for health care and treatment if the patient lacks decision-making capacity. During hospital admissions, **all patients** admitted to the hospital must be asked about **resuscitation preferences** (eg, full code, Do-Not-Resuscitate [DNR]) and whether advance directives are in place because serious clinical deterioration can happen unexpectedly.

Advance directives include the following types of documents:

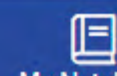
- **Living will**, which specifies the patient's end-of-life wishes and often includes instructions regarding intubation, cardiopulmonary resuscitation, enteral feeding, and other life-prolonging interventions. Given the breadth of medical scenarios that can arise, not all decisions can be accounted for in a living will.
- A **health care proxy**, which designates a specific individual (the surrogate decision-maker) to make health care decisions and interpret instructions in the living will on the patient's behalf if the patient is incapacitated, using the principle of substituted judgment (ie, considering what the patient would want).

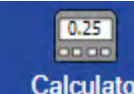
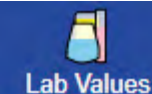
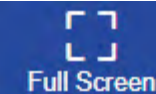
Ideally, advance care planning should take place through a series of open-ended conversations **early** in a patient's serious illness (eg, chronic obstructive pulmonary disease) in the context of a longitudinal patient-physician relationship. Patients without advance directives at the time of hospital admission should be provided with information and venues for learning about and completing this process.

(Choices A, C, D, and E) Each of these components should be addressed during the patient's hospitalization course and discharge planning process. However, they do not need to be completed during admission. In contrast, discussion and documentation of a patient's advance care status must be completed during admission because unexpected clinical deterioration can occur at any time.

Educational objective:

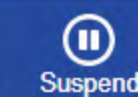
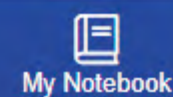
The admission process must include discussion of whether the patient has advance directives, along with code status, to ensure that medical personnel adhere to the patient's specific wishes should the patient become incapacitated.

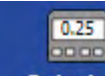
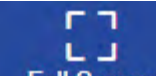




A 33-year-old man comes to the office for a routine health maintenance visit. The patient states he wants to make sure he is taking care of his health after his father had a myocardial infarction a few months ago at the age of 61. He has been eating healthy and exercising 3 to 4 times a week. Past medical history is noncontributory, and the patient takes no medications. He shares that his aunt is an herbalist and recently gave him a supplement that is supposed to help prevent cardiovascular disease. The patient asks whether it is okay to start taking the supplement and provides a list of the ingredients, which includes herbs unfamiliar to the physician. Which of the following is the most appropriate response?

- ☐ A. "I suggest not starting the supplement because you're already taking steps to maintain cardiovascular health by eating healthy and exercising."
- ☐ B. "I'll need to read more about this combination of herbs, so I'll do some research and let you know what I find."
- ☐ C. "I'm not familiar with these herbs, but studies have shown that herbs don't have significant effects on preventing cardiovascular disease."
- ☐ D. "This supplement probably won't prevent cardiovascular disease, but it's likely safe for you to take if you want to."
- ☐ E. "Unfortunately, I don't know enough information about these herbs, so I can't make a recommendation."








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- ☐ A. "I suggest not starting the supplement because you're already taking steps to maintain cardiovascular health by eating healthy and exercising." (3%)
- ✓ ☒ B. "I'll need to read more about this combination of herbs, so I'll do some research and let you know what I find." (57%)
- ☐ C. "I'm not familiar with these herbs, but studies have shown that herbs don't have significant effects on preventing cardiovascular disease." (7%)
- ☐ D. "This supplement probably won't prevent cardiovascular disease, but it's likely safe for you to take if you want to." (0%)
- ☐ E. "Unfortunately, I don't know enough information about these herbs, so I can't make a recommendation." (31%)

Correct

 57%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation





This patient is concerned about cardiovascular health and is making a direct inquiry to the physician regarding **alternative therapies** with which the physician is **unfamiliar**. Such therapies are often safe and occasionally beneficial. However, nonstandard pharmaceutical products are relatively unregulated and often poorly studied and **may carry risks** due to the labeled agent or possible adulterants.

When discussing complementary and alternative medical interventions, the physician should be honest, helpful, and **nonjudgmental**. The primary emphasis should be on developing a trusting physician-patient relationship conducive to sharing reliable, evidence-based information. If unfamiliar with the product in question, the physician should offer to **obtain more information and follow up** with the patient. Alternately, the physician may direct the patient to reliable information sources (eg, National Center for Complementary and Integrative Health), where the patient can obtain information directly.

(Choices A and C) Discouraging a patient from using a therapy recommended by a family member without first learning the facts about the product may be seen as dismissive or insulting by the patient. The physician should understand the therapy in reasonable detail before giving guidance.

(Choice D) Although many herbal supplements are benign, the physician should not assume safety without first obtaining reliable information about the product. A number of herbal agents (eg, ephedra, ma-huang) cause potentially severe cardiovascular toxicity.

(Choice E) This response honestly presents the physician's lack of knowledge but avoids the patient's direct question and misses an opportunity to improve the patient's health and the physician-patient relationship.

Educational objective:

When discussing complementary and alternative medical interventions, the physician should be honest, helpful, and nonjudgmental, developing a trusting physician-patient relationship conducive to sharing evidence-based information. Physicians should obtain more information on unfamiliar products and follow up with the patient or direct the patient to reliable information sources.

References





A 70-year-old woman comes to the office for evaluation of headaches. She has been having a severe, persistent headache for the past 2 weeks that is worse in the morning and always lingers throughout the day. The patient frequently feels nauseated but has no vomiting. Medical history is significant for major depressive disorder and a prior suicide attempt at age 45; the patient is currently taking an antidepressant and has been in remission for the past year. MRI of the head reveals a mass with surrounding edema in the left cerebral hemisphere that is consistent with glioblastoma multiforme. The patient returns to the office with her son to discuss the results. Before the physician has a chance to share the findings, the son asks to speak in private and requests that the physician not reveal the results to his mother. Which of the following is the most appropriate response to the patient's son?

- ☐ A. "Although it will be difficult to hear the diagnosis, I think it's best if your mother knows so that she can make her own decisions about care."
- ☐ B. "Given your mother's history, it makes sense that you would want to minimize stress; I'll share the results with you, and you can decide whether to tell her."
- ☐ C. "I appreciate you sharing this with me; I'd like to hear more about why you prefer that your mother not know about the results."
- ☐ D. "I understand you're concerned about your mother, but it's up to her to decide whether she would like to know about the results."
- ☐ E. "Unexpected health news can be distressing for anyone, but by not telling your mother the results, she may feel even more helpless about her health."

Submit

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- A. "Although it will be difficult to hear the diagnosis, I think it's best if your mother knows so that she can make her own decisions about care."

(5%)

✖ ☒

B. "Given your mother's history, it makes sense that you would want to minimize stress; I'll share the results with you, and you can decide whether to tell her."

(1%)

✔ ☐

C. "I appreciate you sharing this with me; I'd like to hear more about why you prefer that your mother not know about the results."

(53%)

☐

D. "I understand you're concerned about your mother, but it's up to her to decide whether she would like to know about the results."

(36%)


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
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
Correct answer
C



53%
Answered correctly



03 secs
Time Spent



2023
Version



Autonomy supports a patient's right to know his or her diagnosis, treatment options, and potential outcomes.

However, personal **preferences vary** (eg, some patients may decline test results or learning their diagnosis), and individual circumstances should guide disclosure.

In this scenario, the patient's preferences regarding her test results and diagnosis (eg, glioblastoma multiforme), which has a poor prognosis, are unclear. Her son has privately requested that the results not be shared with his mother. If family members ask to withhold medical information from the patient, it is imperative for the physician to understand their reasoning and concerns. The son may have a **valid safety concern** regarding disclosure of bad news to his mother, who the physician knows has a history of depression and a prior suicide attempt.

However, the physician should not make hasty assumptions about family circumstances, the son's concerns, or the patient's state of mind. The most appropriate approach is to **listen to the family's concerns** and better **understand the situation** before deciding how best to proceed.

(Choice A) This statement supports patient autonomy. However, it does not allow the son to clarify his concerns; instead, it takes a paternalistic tone (eg, "I think it's best"). It also hints at a poor diagnosis (eg, "it will be difficult to hear"), which violates health privacy.

(Choice B) The impact of bad news should be considered; however, this statement references the patient's history of depression and suicidality, which is protected health information. In addition, the physician cannot violate confidentiality by sharing results with the patient's son without her permission.

(Choice D) Although the statement expresses empathy, it does not give the son a chance to explain why he opposes disclosing the diagnosis. Premature dismissal of his concerns risks the loss of valuable information (eg, safety concerns).

(Choice E) This approach assumes that the son's intention is to avoid distressing his mother. However, the underlying reason may be something else (eg, cultural norms, the patient's own wishes). The physician should keep an open mind to the son's concerns and not presume to know the patient's feelings without speaking to her first.





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Educational objective:

Autonomy, which supports a patient's right to know his or her diagnosis, is a fundamental ethical principle. However, limiting disclosure of a diagnosis may be appropriate under certain circumstances (eg, patient preference, imminent safety concerns). An understanding, open approach is necessary to uncover these circumstances.

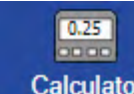
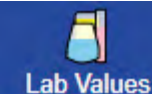
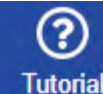
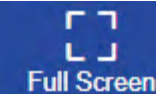




A 52-year-old man comes to the office for follow-up to discuss the results of his colonoscopy. The physician informs the patient that a cancerous polyp was removed and that there is no evidence of invasive cancer at the resection margins. He is then reassured that he has an excellent prognosis. In response, the patient curses and shouts angrily, "Are you telling me I should be happy that you found cancer in the first place? You don't know what you're doing!" Which of the following is the most appropriate response to the patient?

- ☐ A. "Feeling like you don't have control in your life can be difficult; I can assure you that you have received the best care."
- ☐ B. "I realize it can be very upsetting to be told something unexpected about your health; what is your understanding of the results?"
- ☐ C. "It's hard to process news like that, but I want to make sure you understand that the cancer was completely removed."
- ☐ D. "You're allowed to feel angry, and I'm available to continue this conversation after you've calmed down."
- ☐ E. "You seem very distressed with your results; would you like me to refer you to another physician for a second opinion?"








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- ☐ A. "Feeling like you don't have control in your life can be difficult; I can assure you that you have received the best care." (0%)
- ✓ ☒ B. "I realize it can be very upsetting to be told something unexpected about your health; what is your understanding of the results?" (89%)
- ☐ C. "It's hard to process news like that, but I want to make sure you understand that the cancer was completely removed." (5%)
- ☐ D. "You're allowed to feel angry, and I'm available to continue this conversation after you've calmed down." (4%)
- ☐ E. "You seem very distressed with your results; would you like me to refer you to another physician for a second opinion?" (0%)

Correct

 89%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

This patient is angry and verbally abusive after receiving an unexpected cancer diagnosis. Anxiety and distress likely exacerbate his sense of entitlement and demanding personality characteristics, and the physician must face



This patient is angry and verbally abusive after receiving an unexpected cancer diagnosis. Anxiety and distress likely exacerbate his sense of entitlement and demanding personality characteristics, and the physician must face the challenge of responding to his insulting comments. When patients are upset, they may have difficulty fully processing information. Instead, they may express anger at the physician rather than acknowledging their own fears.

The best approach is to defuse the situation by being **nondefensive** and **acknowledging the patient's anger**. This should be followed by an open-ended approach that **elicits** the **patient's understanding** about his condition and encourages him to express his **concerns** and fears about the diagnosis that likely underlie his behavior.

(Choice A) This statement initially expresses empathy but then assumes a defensive stance, which is unlikely to engage the patient or defuse his anger.

(Choice C) This statement assumes that the patient did not understand the information provided, which may be perceived as judgmental. The best initial approach is to acknowledge the patient's anger while exploring his understanding of the results. Reassurance that the cancer was removed would be the appropriate next step if discussion revealed that he misunderstood his prognosis.

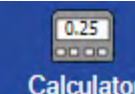
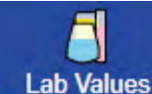
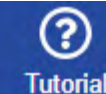
(Choice D) Suggesting that the patient should calm down is likely to be perceived as condescending and judgmental, leading to further deterioration of rapport.

(Choice E) Suggesting referral to another provider may be perceived as an attempt to get rid of the patient. The first step should be to defuse the patient's anger and attempt to preserve the physician-patient relationship.

Educational objective:

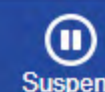
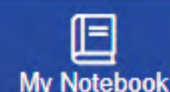
When confronting an angry patient, the physician should use a nondefensive, empathic approach that acknowledges the patient's anger and attempts to explore the patient's underlying concerns.

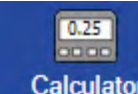
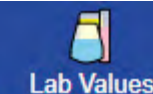
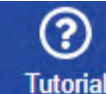
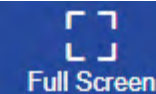
References



A 57-year-old man comes to the office accompanied by his wife due to low mood and sleep disturbances for the past 2 months. The patient has also had a loss of interest in his hobbies, concentration difficulties that are affecting his work, and low energy. The patient has no suicidal thoughts. Psychiatric history is significant for a period of depression in his 20s treated with psychotherapy. Medical history is noncontributory. Vital signs and physical examination are within normal limits. The patient has a depressed affect with restricted range and soft speech. Treatment options are discussed, including psychotherapy and antidepressant medications. The patient responds that he is willing to consider psychotherapy but does not believe medication is necessary. His wife says, "I don't think he understands how serious this is—he's in danger of losing his job. I'll make sure he takes the medication." Which of the following is the most appropriate next step in management of this patient?

- ☐ A. Do not prescribe an antidepressant and ask the wife to continue encouraging the patient to start treatment with a medication
- ☐ B. Do not prescribe an antidepressant and discuss that medication may be indicated if the patient's symptoms worsen
- ☐ C. Do not prescribe an antidepressant and follow up with the patient regularly after he begins psychotherapy
- ☐ D. Encourage the patient to consider starting an antidepressant and provide a prescription in case he changes his mind
- ☐ E. Recognize the wife's concerns and request to speak with the patient in private about his option for treatment

[Submit](#)






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- ☐ A. Do not prescribe an antidepressant and ask the wife to continue encouraging the patient to start treatment with a medication (0%)
- ☒ B. Do not prescribe an antidepressant and discuss that medication may be indicated if the patient's symptoms worsen (6%)
- ☐ C. Do not prescribe an antidepressant and follow up with the patient regularly after he begins psychotherapy (31%)
- ☐ D. Encourage the patient to consider starting an antidepressant and provide a prescription in case he changes his mind (5%)
- ☐ E. Recognize the wife's concerns and request to speak with the patient in private about his option for treatment (55%)

Incorrect

Correct answer

E

 55%
Answered correctly 03 secs
Time Spent 2023
Version

Family members can provide useful **information** about a patient's condition and act as a source of **support** for the patient. However, when it comes to obtaining valid **informed consent**, the **patient's autonomy** (ie, the right to make a decision without undue influence) should be the primary concern.

In this case, the patient's wife is providing important input into her husband's condition, which is helpful. However, her values and preferences regarding medication do not necessarily reflect those of her husband. The physician should express appreciation for the wife's input and gently ask her to leave the room, explaining the importance of **speaking with the patient confidentially**. Speaking confidentially will allow the patient to ask questions or express concerns that he may not be comfortable relaying with his wife present and enable a discussion of the risks, benefits, and alternate treatments without coercion. It is also more likely to engage the patient in creating a treatment plan with which he is comfortable.

(Choices A and D) No matter the preference of family members or the physician, consent to treatment must come from the patient, whose autonomy should be respected. He should not be coerced into accepting treatment that he finds objectionable.

(Choices B and C) The patient should be afforded the opportunity to speak with the physician alone to explore his treatment choice and assess his understanding of the options. If after speaking confidentially, he decides not to start antidepressants, then he should be referred for psychotherapy with regular follow-up to monitor his progress. He can be provided with information that should his symptoms worsen, medication may be an option.

Educational objective:




When family members and patients have different opinions on treatment, the patient should be provided the opportunity to talk confidentially with the physician. This respects the patient's autonomy and facilitates obtaining valid informed consent.

References

- [Interacting with patients' family members during the office visit.](#)

Exhibit Display

Process of informed consent for research	
Disclosure	Disclosure of key information: medical condition, proposed intervention & risks/benefits of accepting/declining intervention
Understanding	Confirmation of decision-making capacity & understanding of disclosed information
Voluntariness	Process conducted without coercion or manipulation; consent must be freely given
Authorization	Documentation of accepting/declining intervention once fully informed

 New |  Existing |  My Notebook

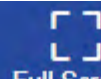
- Interacting with patients' family members during the office visit.



A 13-year-old girl is brought to the office by her mother for a well-child visit. The patient's mother states that her daughter does well at school and spends most of her free time doing homework or reading books. She has been reluctant to enter any extracurricular activities but recently expressed interest in trying an after-school soccer program; she is apprehensive because she has never played a competitive sport. The patient eats her meals at home and frequently consumes carbonated sweetened beverages. She has no chronic medical conditions and takes no medications. Family history includes obesity in multiple members of the family, and diabetes and coronary artery disease in her mother and father. The patient's weight is at the 99th percentile for her height; a year ago it was at the 93rd percentile. Blood pressure is 117/68 mm Hg and pulse is 82/min. The patient is alert and engaged during the physical examination. Encouragement is provided regarding the patient's interest in physical activity, and a discussion about healthy habits is initiated. Which of the following is the most appropriate approach to open a discussion with the patient regarding her weight?

- ☐ A. "Many people in your family have conditions such as diabetes, which are affected by weight. Let's talk about how you can lower your risk with small lifestyle changes."
- ☐ B. "Obesity is a serious health condition, but it can be treated with simple steps that we can work on together."
- ☐ C. "Obesity is strongly influenced by diet and exercise. Let's talk about how you can improve these habits to lose weight."
- ☐ D. "Some people gain weight more easily than others. I'd like to help you grow into a healthy weight that helps you feel stronger and faster."
- ☐ E. "Your current weight is above recommended levels. Let's talk about what an ideal weight looks like for you and how to achieve that."

[Submit](#)



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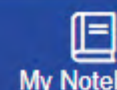
- ☐ A. "Many people in your family have conditions such as diabetes, which are affected by weight. Let's talk about how you can lower your risk with small lifestyle changes." (20%)
- ☒ B. "Obesity is a serious health condition, but it can be treated with simple steps that we can work on together." (6%)
- ☐ C. "Obesity is strongly influenced by diet and exercise. Let's talk about how you can improve these habits to lose weight." (5%)
- ☒ D. "Some people gain weight more easily than others. I'd like to help you grow into a healthy weight that helps you feel stronger and faster." (55%)
- ☐ E. "Your current weight is above recommended levels. Let's talk about what an ideal weight looks like for you and how to achieve that." (12%)

Incorrect

55%

04 secs

2023



Motivational interviewing: components	
Engaging	<ul style="list-style-type: none">• Start a nonjudgmental, open-ended conversation• Collaborate to set the agenda• Elicit patient strengths
Focusing	<ul style="list-style-type: none">• Ask the patient to identify 1 or 2 behavior targets
Evoking	<ul style="list-style-type: none">• Elicit change talk to get the patient's:<ul style="list-style-type: none">◦ Commitment◦ Reasons to change
Planning	<ul style="list-style-type: none">• Guide the patient toward:<ul style="list-style-type: none">◦ Identifying specific next steps◦ Anticipating obstacles◦ Deciding how to measure success

This patient's weight for her height (ie, body mass index **[BMI]**) has increased and is now **≥95th percentile**, which is consistent with **pediatric obesity**. This increasingly common condition is associated with serious, long-term comorbidities (eg, diabetes, cardiovascular disease) but must be approached with sensitivity and support, particularly in children.

Rather than focusing on an "ideal weight"—which may be unrealistic and, in children, often changing due to continued growth—counseling should focus on sustainable behavioral modifications with an approach that is nonjudgmental and collaborative (**Choice E**).

- **Nonjudgmental:** Because patients (particularly adolescents) may be self-conscious of their weight, it is best to avoid potentially offensive terms such as "obesity" and instead focus on achieving a healthy weight through a well-balanced lifestyle (**Choices B and C**). In addition, it is important to avoid placing blame on the child or

Securing How to Measure Success

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- **Nonjudgmental:** Because patients (particularly adolescents) may be self-conscious of their weight, it is best to avoid potentially offensive terms such as "obesity" and instead focus on achieving a healthy weight through a well-balanced lifestyle **(Choices B and C)**. In addition, it is important to avoid placing blame on the child or family and to instead acknowledge that some people gain weight more easily than others.
- **Collaborative: Open-ended** language should be used to understand the areas that are challenging and unique to the patient, such as consumption of sugary beverages in this case. Efforts should be made to set specific and **realistic goals** to improve health (eg, limiting sweetened beverages). In addition, the child should be involved in decision-making when possible; in this case, the patient's apprehension about competitive sports can be a **motivating factor** to make effective change and improve her functional abilities (ie, strength, speed).

This approach allows for discussion about long-term healthy habits instead of short-term weight loss. Regular follow-up is necessary to ensure accountability and reevaluate the patient's goals, achievements, and weight.

(Choice A) Discussion of potential long-term comorbidities associated with obesity is reasonable, but emphasizing diabetes prevention as a primary goal in children is often perceived as a scare tactic and is unlikely to generate sustainable behavioral change.

Educational objective:



continued growth—counseling should focus on sustainable behavioral modifications with an approach that is nonjudgmental and collaborative (**Choice E**).

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Educational objective:

Counseling on pediatric obesity (body mass index ≥ 95 th percentile) should focus on achieving a healthy weight and improving functional status (eg, stronger, faster) without placing blame or using offensive terms (eg, obesity). In addition, making specific and realistic goals is more likely to result in behavior change than trying to attain an "ideal weight."





A 55-year-old woman with advanced metastatic breast cancer comes to the emergency department for evaluation of dyspnea and tachycardia. The resident evaluates the patient and orders an echocardiogram, which confirms the presence of a pericardial effusion. The surgery team is consulted, and the surgical attending informs the patient that a pericardiocentesis is necessary. The attending surgeon asks the surgery resident to obtain informed consent and leaves to start chart review for the next consult that needs to be seen. The surgery resident has neither observed nor performed a pericardiocentesis but has recently read an article about malignant pericardial effusions. Which of the following is the most appropriate course of action by the surgery resident?

- ☐ A. Ask an attending in the emergency department to assist with the informed consent discussion
- ☐ B. Ask the attending surgeon to obtain informed consent for the procedure
- ☐ C. Give the patient time to carefully read the consent form and return with a witness to obtain her signature
- ☐ D. Obtain the patient's signature and assure her the surgeon can answer questions before the procedure
- ☐ E. Research the procedure thoroughly and then obtain informed consent for the procedure

Submit

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- ☐

A. Ask an attending in the emergency department to assist with the informed consent discussion (17%)
- ☒

B. Ask the attending surgeon to obtain informed consent for the procedure (54%)
- ☐

C. Give the patient time to carefully read the consent form and return with a witness to obtain her signature (4%)
- ☐

D. Obtain the patient's signature and assure her the surgeon can answer questions before the procedure (3%)
- ☐

E. Research the procedure thoroughly and then obtain informed consent for the procedure (19%)

Correct

54%

Answered correctly

03 secs

Time Spent

2023

Version

Explanation

Obtaining informed consent for treatment	
	<ul style="list-style-type: none">Competent adult or surrogate decision maker

Obtaining informed consent for treatment	
Participating parties	<ul style="list-style-type: none">Competent adult or surrogate decision makerTreating physician or team member*
Description of procedure	<ul style="list-style-type: none">Condition being treatedProposed treatmentAlternate treatments (if any)
Risk/benefit discussion	<ul style="list-style-type: none">Expected benefits of treatmentSignificant risks & potential complicationsRisk of untreated condition
Conclusion	<ul style="list-style-type: none">Assessment of patient understandingQuestions answered to patient's satisfactionPatient consent to proceedPatient may withdraw consent
* In some jurisdictions, consent may be obtained only by the attending physician.	

Informed consent is a process in which a patient agrees to medical treatment based on an adequate understanding of the pertinent facts. The basic elements include:

- an explanation of the **medical condition**.
- a description of the **recommended treatment** (and alternate treatment options).
- a discussion of the **risks and benefits** of the recommended treatment (and alternate treatment options).
- an opportunity for the patient to ask **questions**.

Informed consent is best obtained by the physician performing the procedure as that physician is able to adequately explain the procedure and answer any questions. However, in many jurisdictions, informed consent



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- an opportunity for the patient to ask **questions**.

Informed consent is best obtained by the physician performing the procedure as that physician is able to adequately explain the procedure and answer any questions. However, in many jurisdictions, informed consent may be delegated to another physician or mid-level provider (eg, physician assistant) on the care team. This team member tasked with obtaining informed consent must also have a **thorough understanding of the procedure**.

In this scenario, because of lack of knowledge about this particular procedure, the resident is not qualified to obtain informed consent at this time. The resident should therefore ask the attending (who has adequate and detailed knowledge of the procedure) to return to obtain informed consent.

(Choice A) The emergency department attending does not have responsibility of performing the procedure and therefore should not be expected to obtain informed consent in place of the consulted service.

(Choice C) Patients must be given adequate time to read a consent form, but this is not an appropriate replacement for a direct conversation with the physician. Although some institutions require a witness to be present during signing, this does not otherwise alter the obligations for informed consent.

(Choice D) Patients may ask additional questions regarding treatment after giving consent and may withdraw consent at any time. However, it is unethical to ask a patient to sign an informed consent document prior to an adequate discussion and understanding of the procedure or its alternatives.

(Choice E) The resident should research the procedure before the surgery for educational purposes. However, without any significant experience and/or thorough understanding of a pericardiocentesis, the resident is not in the





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(Choice E) The resident should research the procedure before the surgery for educational purposes. However, without any significant experience and/or thorough understanding of a pericardiocentesis, the resident is not in the best position to obtain an adequate informed consent as compared to the attending surgeon, especially for a high-risk procedure.

Educational objective:

Informed consent should be obtained by a qualified physician performing the recommended procedure. If informed consent is delegated to another provider on the care team, then the team member must thoroughly understand the procedure to adequately explain it and answer the patient's questions.

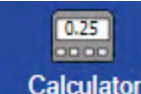
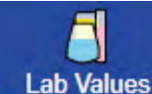
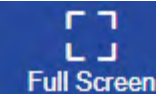




An intern attends a local dinner party and recognizes a colleague who works at the same hospital in another department. During the course of the evening, she observes her colleague responding to a number of routine medical calls from the hospital and consuming several alcoholic drinks. Later that evening, the physician notices that her colleague is giving medication orders over the phone and appears grossly intoxicated with slurred speech. The physician confronts her colleague, asking him to transfer on-call responsibilities for the sake of patient care. He insists that he is fine, is not drunk, and that his duties end in 30 minutes anyway. Which of the following is the most appropriate course of action?




- ☐ A. Contact the colleague's on-call supervisor to report the problem now
- ☐ B. Do not intervene as the colleague has already been confronted and the shift ends soon
- ☐ C. Do not intervene as there is no clear evidence of patient harm
- ☐ D. Do not intervene as this is the first instance of witnessing impaired behavior
- ☐ E. Report the incident to the hospital's physician health program
- ☐ F. Report the physician to the state medical board





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- ✓ ☐ A. Contact the colleague's on-call supervisor to report the problem now (89%)
- ✗ ☒ B. Do not intervene as the colleague has already been confronted and the shift ends soon (0%)
- ☐ C. Do not intervene as there is no clear evidence of patient harm (0%)
- ☐ D. Do not intervene as this is the first instance of witnessing impaired behavior (0%)
- ☐ E. Report the incident to the hospital's physician health program (7%)
- ☐ F. Report the physician to the state medical board (2%)

IncorrectCorrect answer
A 89%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

Physicians are **ethically and legally obligated** to **report impaired colleagues** in a timely manner. This physician is in the uncomfortable position of knowing that a colleague is intoxicated while on duty. Although it is unclear whether this is a one-time occurrence or part of a pattern of more extensive impairment, the physician is obligated



Physicians are **ethically and legally obligated to report impaired colleagues** in a timely manner. This physician is in the uncomfortable position of knowing that a colleague is intoxicated while on duty. Although it is unclear whether this is a one-time occurrence or part of a pattern of more extensive impairment, the physician is obligated to intervene immediately because patient safety is at risk. The colleague's immediate supervisor should be informed so that the situation can be dealt with as quickly as possible.

Risks of not intervening include harm to patients and failure to obtain necessary evaluation and treatment for the physician, which can negatively impact his health, career, and family. Most hospitals and state medical boards have regulations requiring physicians to report impaired colleagues. This can usually be done anonymously. In a **non-emergency situation**, a person should **contact** the designated hospital committee, commonly called a **physician health program (Choice E)**. If this is not possible or such a body does not exist, then the **state licensing board** should be contacted (**Choice F**). It is the committee or board's responsibility to systematically gather all the facts and arrange for a comprehensive assessment and intervention if necessary.

(Choice B) The physician confronted the colleague with no response, and harm can still be done to a patient in 30 minutes. A claim of confronting a colleague is not a substitute for reporting the incident.

(Choices C and D) Witnessing the physician's on-duty intoxicated behavior is sufficient reason to intervene as patient care may be in jeopardy. Whether there is direct evidence of harm or the physician has an established pattern of problem behavior is irrelevant.

Educational objective:

Physicians are ethically and legally obligated to report impaired colleagues in a timely manner. Reporting protects patient safety and can assist the impaired physician in receiving appropriate evaluation and treatment.

References

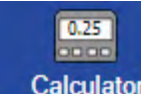
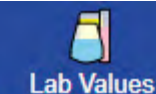
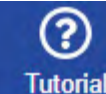
- [Impaired physicians.](#)
- [Physician willingness to report impaired colleagues.](#)



A 27-year-old man comes to the office for follow-up regarding a herniated disc. He first injured the disc 3 months ago while at work. Nonsurgical treatment options, including physical therapy and as-needed NSAIDs and tramadol, were recommended. The patient has completed physical therapy, and follow-up MRI indicates that the herniated disc has regressed. He reports a significant amount of ongoing pain and asks for a dose increase and refill of his pain medication. In the past month, the patient has been to the emergency department on 2 occasions to request pain medication due to running out before his next scheduled refill. Vital signs are within normal limits, and physical examination is unremarkable. Which of the following statements by the physician would be most appropriate at this time?




- ☐ A. "Given your recent refill requests and interest in increasing your dose, I am concerned that you may be dependent on pain medication."
- ☐ B. "It doesn't seem like medication is effective anymore; let's talk about alternate ways to treat your pain."
- ☐ C. "Sometimes patients take pain medications to help with other types of symptoms; how has your mood been recently?"
- ☐ D. "You're still experiencing a lot of pain, and it has not been easy managing it; let's discuss how you have been taking the medication."
- ☐ E. "Your pain symptoms do not seem to be improving with additional medication, so a dose increase is unlikely to help you."





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- ☐ A. "Given your recent refill requests and interest in increasing your dose, I am concerned that you may be dependent on pain medication." (5%)
- ☒ B. "It doesn't seem like medication is effective anymore; let's talk about alternate ways to treat your pain." (16%)
- ☐ C. "Sometimes patients take pain medications to help with other types of symptoms; how has your mood been recently?" (6%)
- ☒ D. "You're still experiencing a lot of pain, and it has not been easy managing it; let's discuss how you have been taking the medication." (71%)
- ☐ E. "Your pain symptoms do not seem to be improving with additional medication, so a dose increase is unlikely to help you." (0%)

IncorrectCorrect answer
D 71%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation





Pain is subjective, and physicians must use clinical judgment to **balance** effective **pain management** with **prevention of drug overuse** and misuse. Prescription opioid misuse has become an increasing occurrence in recent years. Signs of misuse include not taking medication as prescribed, requesting early refills, accessing drugs from multiple physicians or illicit sources, requesting higher doses, and refusing alternate pain-management strategies.

This patient is showing signs suggestive of opioid use disorder: running out of medication early; obtaining prescriptions in emergency departments rather than from the primary prescriber; tolerance (ie, requiring higher doses to attain the same effect); and dependence. However, confronting the patient about misuse at this point is unlikely to be helpful. The most appropriate initial action is a patient-centered approach: **validating the patient's concern** about pain control; engaging the patient in a nonjudgmental, **collaborative discussion** of how he is using the medication; and **exploring reasons** for the **escalating use**.

(Choice A) This statement may be interpreted as confrontational and put the patient on the defensive. It fails to validate the patient's subjective experience of pain and instead focuses on the physician's concerns about dependence.

(Choices B and E) These statements reject the patient's request for more medication without discussion and prematurely shut down the conversation. This approach is likely to frustrate the patient, making it less likely that he will be receptive to alternate approaches to pain management.

(Choice C) This response prematurely switches the focus of the conversation to mood, ignoring the patient's concerns. Raising the possibility of self-medication of mood symptoms would be more appropriate once the patient has already engaged in a collaborative discussion of how he is using the medication.

Educational objective:

When misuse of prescription opioids is suspected, physicians should first engage patients in a nonjudgmental, collaborative discussion to understand the reasons for the misuse.

References



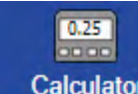
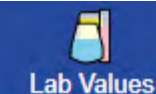
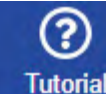


An 82-year-old woman is hospitalized in a busy tertiary care hospital due to fever and shortness of breath. The patient has a history of chronic obstructive pulmonary disease. She is diagnosed with pneumonia and started on empiric antibiotic therapy overnight by the admitting physician. After several days of treatment, the patient's condition deteriorates, and she is transferred to the intensive care unit. Sputum cultures were obtained on admission, but the results were not checked by the daytime team, resulting in a delay in initiating more specific antibiotic treatment. Which of the following interventions would be most effective to prevent this type of medical error?

- ☐ A. Decrease the required patient caseload for physicians
- ☐ B. Increase frequency of team meetings to discuss critically ill patients
- ☐ C. Obtain infectious disease consultation
- ☐ D. Require more detailed sign-out notes
- ☐ E. Use standardized patient handoffs




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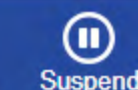
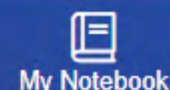
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- ☐ A. Decrease the required patient caseload for physicians (5%)
- ✗ ☒ B. Increase frequency of team meetings to discuss critically ill patients (12%)
- ☐ C. Obtain infectious disease consultation (2%)
- ☐ D. Require more detailed sign-out notes (12%)
- ✓ ☐ E. Use standardized patient handoffs (67%)

IncorrectCorrect answer
E 67%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

In the hospital setting, multiple providers will assume responsibility for a patient's care at different times of the day, which can result in discontinuity of care. As a result, patients are at higher risk of adverse outcomes when providers do not communicate well during transitions. The process of transferring responsibility for medical care is referred to as a patient handoff, with "sign-out" referring to the process of transmitting information about the patient and needed follow-up care. Oversights and **communication failures** during the sign-out and handoff process



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Standardized handoffs that include specified key elements (eg, a systematic procedure for sign-out, checklists of tasks that need to be completed) have been shown to significantly **reduce preventable adverse events**.

(Choices A and B) Reducing patient caseloads and increasing the frequency of team meetings to discuss critically ill patients can both provide more time for physicians to communicate patient care information. However, these interventions would not ensure that critical information is transmitted consistently between providers.

(Choice C) Consulting an infectious disease specialist would help ensure correct antibiotic treatment and could be appropriate in this patient depending on the clinical scenario and/or culture results. However, this intervention is not cost-effective for every patient and therefore would not be the most effective intervention.

(Choice D) Requiring more detailed sign-out notes provides more information on each patient but decreases efficiency and increases the probability that important details will be overlooked. Applying a systematic organization method to sign-out notes is a more effective strategy to ensure that essential tasks are not neglected.

Educational objective:
Communication failures between physicians during patient handoffs are a major cause of medical errors and can be reduced by use of a standardized handoff process including systematic sign-out notes.

References



A 40-year-old woman comes to the office due to new-onset genital lesions. On examination, she is found to have several genital warts in her vaginal area. Testing for sexually transmitted infections is otherwise negative. The patient admits to having a brief extramarital affair while traveling for business. The following week, the physician receives a phone call from the patient's husband, who is not a patient in the practice. He knows his wife was recently seen and would like information regarding her health as he is concerned about symptoms he is currently experiencing. Which of the following would be the most appropriate response by the physician?

- ☐ A. "Can I speak with your wife to obtain a verbal release of information?"
- ☐ B. "I will need proof of your identity prior to disclosing information."
- ☐ C. "If your spouse is a patient here, she would have to provide a release of information."
- ☐ D. "Is your wife aware that you are calling for her health information?"
- ☐ E. "What kind of symptoms are you experiencing?"

Submit





A 40-year-old woman comes to the office due to new-onset genital lesions. On examination, she is found to have several genital warts in her vaginal area. Testing for sexually transmitted infections is otherwise negative. The patient admits to having a brief extramarital affair while traveling for business. The following week, the physician receives a phone call from the patient's husband, who is not a patient in the practice. He knows his wife was recently seen and would like information regarding her health as he is concerned about symptoms he is currently experiencing. Which of the following would be the most appropriate response by the physician?

- ☐ A. "Can I speak with your wife to obtain a verbal release of information?" (6%)
- ☐ B. "I will need proof of your identity prior to disclosing information." (1%)
- ✓ ☒ C. "If your spouse is a patient here, she would have to provide a release of information." (77%)
- ☐ D. "Is your wife aware that you are calling for her health information?" (3%)
- ☐ E. "What kind of symptoms are you experiencing?" (11%)

Correct

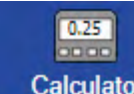
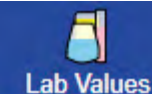
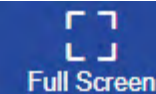
77%
Answered correctly03 secs
Time Spent2023
Version

Explanation

The **Health Insurance Portability and Accountability Act** (HIPAA) Privacy Rule provides instructions on management of protected health information (PHI). The main goal of HIPAA is protection of **patient privacy and confidentiality**. A physician can respond to a family member's request for information only if the patient has specifically provided **verbal or written authorization** for release of information to the family member.

Due to public health concerns, notifiable infections (eg, HIV, chlamydia, tuberculosis) are an exception to the





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Due to public health concerns, notifiable infections (eg, HIV, chlamydia, tuberculosis) are an exception to the Privacy Rule and should be reported to the Centers for Disease Control and Prevention (CDC); many states offer partner notification services by local health departments (rather than individual clinicians) to protect patient privacy. However, human papillomavirus infection (eg, genital warts) is not a notifiable infection, and **PHI disclosure without patient consent** (eg, partner notification) would be a **violation of HIPAA**.

(Choice A) Asking the husband to put his wife on the phone to obtain a verbal release of information may inappropriately pressure the patient to consent to disclosure of her personal health information. The patient should be approached privately regarding release of information, which preferably should be obtained in writing.

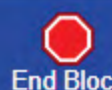
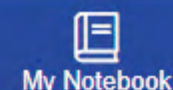
(Choice B) Requesting proof of the caller's identity is irrelevant as information cannot be released without the patient's authorization. Although HIPAA does not require proof of identity to respond to callers, providers may establish their own rules for verifying identity.

(Choice D) Asking whether the patient's wife is aware that he is calling does not address the issue at hand, which is the requirement for a release of information prior to disclosure of medical information.

(Choice E) It would be inappropriate for the physician to ask the patient's husband about his physical symptoms as they do not have a patient-doctor relationship at this time. Furthermore, discussing these symptoms may inadvertently violate the patient's confidentiality. Recommending that the husband seek medical evaluation for his symptoms would be reasonable.

Educational objective:

The Health Insurance Portability and Accountability Act protects health information by requiring verbal or written





confidentiality. A physician can respond to a family member's request for information only if the patient has specifically provided **verbal or written authorization** for release of information to the family member.

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Educational objective:

The Health Insurance Portability and Accountability Act protects health information by requiring verbal or written authorization for release of information. Family members who contact the physician for information about their relative should not be given any information about the patient without the patient's consent.





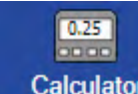
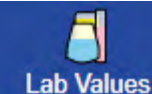
A 25-year-old woman comes to the office for an initial evaluation of low mood. Since moving to a new apartment 3 weeks ago, the patient has felt sad and has not been sleeping well. She says, "My landlord won't allow pets in the building. I miss my dog so much. I know my mood would improve if I could get a letter from you saying my dog can live with me." The patient's dog is currently staying with her parents, who live a few miles away from her.

Which of the following statements by the physician is the most appropriate?

- ☐ A. "Fortunately, your dog is able to live nearby with your parents; what do you think about spending more time at their house?"
- ☐ B. "Having your dog may help you feel better temporarily; let's discuss options that would allow you to develop long-term coping skills."
- ☐ C. "I can see you miss your dog very much; let's start by talking about the mood symptoms you've been experiencing."
- ☐ D. "It must be difficult not having your dog around; what made you decide to move into an apartment that does not allow pets?"
- ☐ E. "Not having your dog live with you seems to be causing a lot of distress; I can write a letter for your dog."

Submit






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
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
- ☐ A. "Fortunately, your dog is able to live nearby with your parents; what do you think about spending more time at their house?" (1%)
- ☒ B. "Having your dog may help you feel better temporarily; let's discuss options that would allow you to develop long-term coping skills." (3%)
- ☐ C. "I can see you miss your dog very much; let's start by talking about the mood symptoms you've been experiencing." (77%)
- ☐ D. "It must be difficult not having your dog around; what made you decide to move into an apartment that does not allow pets?" (14%)
- ☐ E. "Not having your dog live with you seems to be causing a lot of distress; I can write a letter for your dog." (2%)

Incorrect

Correct answer
C

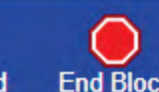
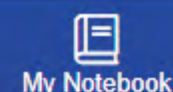
 77%
Answered correctly

 03 secs
Time Spent

 2023
Version

Explanation

In this initial patient encounter, the physician is faced with a specific request for an emotional support animal letter but has very limited information. Although physicians should be responsive to a patient's concerns, they should not



In this initial patient encounter, the physician is faced with a specific request for an emotional support animal letter but has very limited information. Although physicians should be responsive to a patient's concerns, they should not feel pressured to make a recommendation before fully evaluating the patient. The best approach is to **validate the patient's concerns** and **gather more information** on which to base a decision.

The physician should begin with an empathic comment acknowledging this patient's distress and then obtain a more complete understanding of the situation. This would include obtaining a more detailed description of the patient's mood, evaluation for additional depressive symptoms, and medical and psychiatric history as well as an assessment of other psychosocial stressors and the patient's support system. Dismissing the patient's request or coming to a premature decision should be avoided.

(Choice A) This statement fails to acknowledge the patient's distress, avoids addressing her request, and offers specific advice without a full understanding of the situation.

(Choice B) This statement dismisses the patient's immediate concern as unimportant and focuses on long-term strategies. This approach is likely to frustrate the patient and negatively impact the physician-patient relationship.

(Choice D) This statement may make the patient feel defensive about her decision to move. It may be more difficult to do a full assessment if the patient feels judged.

(Choice E) Writing a letter is up to the physician's discretion but should not be done before fully evaluating the patient and documenting appropriately.

Educational objective:

Although physicians should be responsive to patient requests, they should not feel pressured to make a recommendation before fully evaluating the patient. The best approach is to validate the patient's concerns and gather more information.

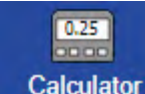
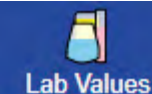
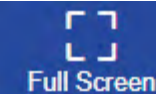
References



A 29-year-old woman comes to the emergency department due to abdominal pain and fever. This morning, while crossing a street, she was struck in the stomach by a motorcyclist. On arrival, the patient tells the triage nurse that she does not have medical insurance. She has no chronic medical conditions. Temperature is 38 C (100.4 F), blood pressure is 109/82 mm Hg, and pulse is 88/min. The abdomen is distended with bruising, rebound tenderness, and guarding. The patient is told she needs exploratory surgery to treat her condition. She refuses and states angrily, "I'm suffering and I'm not going to be a guinea pig for this system. If I had insurance, you'd give me something that would actually cure me." In addition to clarifying the details of the surgical procedure with the patient, which of the following is the most appropriate response by the physician?




- ☐ A. "My compensation is the same regardless of your insurance status; I'm simply recommending the best treatment for you."
- ☐ B. "I'm sorry you are suffering, but you could experience serious consequences if you refuse surgery."
- ☐ C. "The insurance system can seem unfair. Would you like to discuss options with a social worker?"
- ☐ D. "I want you to feel better. What can I do to help assure you that I only have your wellbeing in mind?"
- ☐ E. "You seem to be in pain. Would you like some pain medication before we talk more?"

Submit



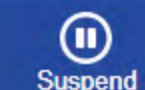
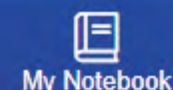
A 29-year-old woman comes to the emergency department due to abdominal pain and fever. This morning, while crossing a street, she was struck in the stomach by a motorcyclist. On arrival, the patient tells the triage nurse that she does not have medical insurance. She has no chronic medical conditions. Temperature is 38 C (100.4 F), blood pressure is 109/82 mm Hg, and pulse is 88/min. The abdomen is distended with bruising, rebound tenderness, and guarding. The patient is told she needs exploratory surgery to treat her condition. She refuses and states angrily, "I'm suffering and I'm not going to be a guinea pig for this system. If I had insurance, you'd give me something that would actually cure me." In addition to clarifying the details of the surgical procedure with the patient, which of the following is the most appropriate response by the physician?

- ☐ A. "My compensation is the same regardless of your insurance status; I'm simply recommending the best treatment for you." (7%)
- ☒ B. "I'm sorry you are suffering, but you could experience serious consequences if you refuse surgery." (17%)
- ☐ C. "The insurance system can seem unfair. Would you like to discuss options with a social worker?" (6%)
- ☒ D. "I want you to feel better. What can I do to help assure you that I only have your wellbeing in mind?" (64%)
- ☐ E. "You seem to be in pain. Would you like some pain medication before we talk more?" (4%)

IncorrectCorrect answer
D 64%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

Trust (ie, belief in the physician's recommendations and intentions) is central to the physician-patient **therapeutic**





Trust (ie, belief in the physician's recommendations and intentions) is central to the physician-patient **therapeutic alliance** and necessary for optimal outcomes. Distrust may arise from prior negative health care experiences, such as adverse events (eg, diagnostic error, treatment failure) or overt or perceived physician **bias** (eg, against **uninsured** patients).

This patient with signs of posttraumatic peritonitis (eg, rebound tenderness, guarding) expresses reluctance to undergo surgery in a way that signals distrust (ie, concern that she is being treated as a guinea pig). To ensure that the patient receives appropriate treatment and an optimal outcome, the physician should apply the following principles to build trust and promote treatment acceptability:

- Acknowledge trust as a central therapeutic goal.
- **Find common ground** (eg, identify a shared goal of feeling better).
- Seek **patient perspectives** and prioritize patient-centered care (ie, treatment aligned with patient values).

(Choice A) This statement unnecessarily focuses the discussion on the physician's perspective (eg, compensation) without addressing the patient's concern about being a guinea pig or exploring her underlying reasons for refusing surgery.

(Choice B) This statement reflects empathy for the patient's suffering but is fear based (ie, focuses on negative consequences). It is unlikely to promote acceptance in a patient whose reason for refusing surgery is low trust; in fact, the patient could perceive this statement as coercive or threatening.

(Choice C) This question assumes that the patient's refusal is based on financial concerns; her statement is more indicative of distrust.

(Choice E) Attributing this patient's response to pain ignores her central concern of trust and may be viewed as condescending.

Educational objective:



undergo surgery in a way that signals distrust (ie, concern that she is being treated as a guinea pig). To ensure that the patient receives appropriate treatment and an optimal outcome, the physician should apply the following principles to build trust and promote treatment acceptability:

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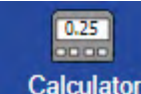
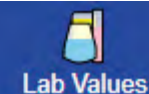
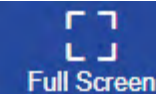
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Educational objective:

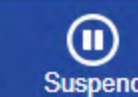
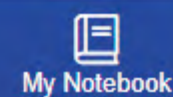
Trust is central to the physician-patient relationship, and distrust may arise from prior negative experiences (eg, adverse events, bias). Physicians can build trust by identifying shared goals, seeking patient perspectives, and prioritizing patient-centered care.



A 49-year-old woman comes to the office due to worsening hot flashes and night sweats over the past year. The patient's menstrual periods have been irregular for the past 2 years, and her last menstrual cycle was a year ago. She has no chronic medical conditions and has had no surgeries. BMI is 23 kg/m². Vital signs are normal. The neck is supple and without thyromegaly. The remainder of the examination is normal. The patient says, "This is awful. I turn red and sweat in the middle of work meetings and then have to leave to cool down. I'm wondering if hormones could help." Which of the following is the most appropriate response to this patient?

- ☐ A. "Although menopause can be uncomfortable, it is a natural process; let's try making some simple lifestyle changes first."
- ☐ B. "Hot flashes and sweating are very normal in menopause; for most women, they subside on their own in 1-2 years without treatment."
- ☐ C. "I can see these symptoms have been affecting your day-to-day life; hormonal therapy can be an effective option, although there are some risks."
- ☐ D. "I don't recommend taking hormonal therapy because your symptoms are not that severe; the risks would likely outweigh the benefits."
- ☐ E. "Menopause can be very stressful; perhaps talking about how to cope with the emotional effects would be helpful."

Submit





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- ☐ A. "Although menopause can be uncomfortable, it is a natural process; let's try making some simple lifestyle changes first." (4%)
- ☒ B. "Hot flashes and sweating are very normal in menopause; for most women, they subside on their own in 1-2 years without treatment." (2%)
- ☐ C. "I can see these symptoms have been affecting your day-to-day life; hormonal therapy can be an effective option, although there are some risks." (90%)
- ☐ D. "I don't recommend taking hormonal therapy because your symptoms are not that severe; the risks would likely outweigh the benefits." (0%)
- ☐ E. "Menopause can be very stressful; perhaps talking about how to cope with the emotional effects would be helpful." (2%)

Incorrect

Correct answer

C



90%

Answered correctly



03 secs

Time Spent



2023

Version

Explanation

Patient-centered care involves being responsive to the patient's expressed concerns and providing necessary



Patient-centered care involves being responsive to the patient's expressed concerns and providing necessary information to assist the patient in making an informed health care decision. The risks and benefits of hormone therapy for menopausal symptoms is a complex topic that requires an individualized approach, taking into account the patient's age, severity of symptoms, and calculated risks for breast cancer and cardiovascular disease. Strategies for effective communication include **acknowledging** the **patient's discomfort** and **educating** the patient about the **benefits and risks** and alternate strategies. The emphasis should be on **sharing decision-making**, respecting patient preferences, and avoiding premature judgments.

In this case, the patient has expressed significant distress and has specifically asked if hormone therapy can alleviate her discomfort. The most appropriate response is to acknowledge the impact of the patient's vasomotor symptoms and begin a discussion of the risks and benefits of hormonal treatment in language that the patient can understand.

(Choice A) This response fails to promote shared decision-making by dismissing the patient's inquiry about hormone therapy. The patient should be educated about the benefits and risks of hormone therapy so that she can make an informed medical decision.

(Choice B) This patient has come to the physician with the expectation that her discomfort can be alleviated. This response both minimizes the patient's discomfort and offers no relief. The patient will likely feel that her concerns have not been addressed, negatively impacting the patient-physician relationship.

(Choice D) This response makes a judgment about the patient's level of discomfort and inappropriately makes the decision for her without conducting an informed consent discussion about the risks and benefits.

(Choice E) Although discussing coping strategies can be helpful, this response redirects the conversation and ignores the patient's question regarding hormone therapy.

Educational objective:
Patient-centered care involves being responsive to the patient's expressed concerns and providing necessary

therapy for menopausal symptoms is a complex topic that requires an individualized approach, taking into account the patient's age, severity of symptoms, and calculated risks for breast cancer and cardiovascular disease. Strategies for effective communication include **acknowledging** the **patient's discomfort** and **educating** the patient about the **benefits and risks** and alternate strategies. The emphasis should be on **sharing decision-making**, respecting patient preferences, and avoiding premature judgments.

In this case, the patient has expressed significant distress and has specifically asked if hormone therapy can alleviate her discomfort. The most appropriate response is to acknowledge the impact of the patient's vasomotor symptoms and begin a discussion of the risks and benefits of hormonal treatment in language that the patient can understand.

(Choice A) This response fails to promote shared decision-making by dismissing the patient's inquiry about hormone therapy. The patient should be educated about the benefits and risks of hormone therapy so that she can make an informed medical decision.

(Choice B) This patient has come to the physician with the expectation that her discomfort can be alleviated. This response both minimizes the patient's discomfort and offers no relief. The patient will likely feel that her concerns have not been addressed, negatively impacting the patient-physician relationship.

(Choice D) This response makes a judgment about the patient's level of discomfort and inappropriately makes the decision for her without conducting an informed consent discussion about the risks and benefits.

(Choice E) Although discussing coping strategies can be helpful, this response redirects the conversation and ignores the patient's question regarding hormone therapy.

Educational objective:
Patient-centered care involves being responsive to the patient's expressed concerns and providing necessary information to assist the patient in making an informed health care decision. The emphasis should be on shared decision-making, taking into account the patient's preferences and avoiding premature judgments.

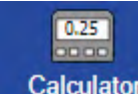
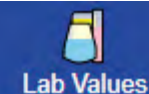
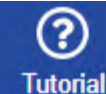
References



A 37-year-old woman, gravida 1 para 0, at 30 weeks gestation comes to the emergency department with her husband for heavy vaginal bleeding. An hour ago, she started to have bright red vaginal bleeding that has increased to large clots over the past few minutes. The patient has had mild abdominal cramping and minimal fetal movement. She has received no prenatal care during this pregnancy. Blood pressure is 90/64 mm Hg and pulse is 102/min. When the patient is told that a pelvic examination needs to be performed, she becomes uncomfortable and appears nervous. The patient requests a female health care provider for the examination. However, only male health care providers are available at this emergency department for the next several hours. Which of the following is the most appropriate course of action?




- ☐ A. Ask the patient if the examination can be performed with a female chaperone present
- ☐ B. Monitor the patient only and defer the examination until a female health care provider is available
- ☐ C. Obtain consent from the patient's husband and perform the examination
- ☐ D. Perform the examination immediately due to the patient's emergent condition
- ☐ E. Transfer the patient to another facility with a female health care provider

Submit



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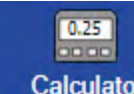
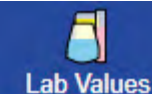
- ✓ ☐ A. Ask the patient if the examination can be performed with a female chaperone present (83%)
- ✗ ☒ B. Monitor the patient only and defer the examination until a female health care provider is available (3%)
- ☐ C. Obtain consent from the patient's husband and perform the examination (1%)
- ☐ D. Perform the examination immediately due to the patient's emergent condition (6%)
- ☐ E. Transfer the patient to another facility with a female health care provider (4%)

IncorrectCorrect answer
A 83%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

The **pelvic examination** is intimate, and many women are uncomfortable or embarrassed by it and prefer a female examiner. Under most circumstances, this request should be accommodated whenever possible to respect patient autonomy:





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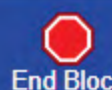
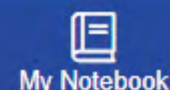
- Most patients presenting for a routine office visit (eg, routine prenatal visit) have nonemergent conditions; therefore, patients may be able to defer the examination or wait for the next available female provider.
- However, in **emergency situations**, such as in this patient with heavy vaginal bleeding and maternal hypotension concerning for placenta previa or **placental abruption**, **immediate evaluation** with pelvic examination is required for diagnosis and management. Although a female health care provider is not available, every effort should be made to provide the same **standard of care**. Therefore, deferring the examination (eg, monitoring the patient only) or transferring the patient to another facility is inappropriate because it risks maternal-fetal morbidity and mortality **(Choices B and E)**.

In both emergent and nonemergent situations, other alternatives should be explored to balance the need for timely and appropriate medical care with respect for patient autonomy and consent (ie, the right to accept or refuse medical care). One solution is asking whether the patient would agree to the examination with a **female chaperone** present. Regardless of patient or provider gender, having a chaperone present for sensitive portions of the physical examination (eg, breast, genitourinary, rectal) is becoming more commonplace.

(Choice C) This patient is an adult with capacity (ie, understands the risks, benefits, and alternatives to make an informed medical decision). Capable patients have the right to make their own treatment decisions. Therefore, obtaining consent from the patient's husband is inappropriate.

(Choice D) Performing a pelvic examination on a nonconsenting adult is coercion and/or assault, regardless of the emergent circumstances. This approach would also likely erode patient-provider trust and could worsen medical outcomes.

Educational objective:



- Most patients presenting for a routine office visit (eg, routine prenatal visit) have nonemergent conditions; therefore, patients may be able to defer the examination or wait for the next available female provider.
- However, in **emergency situations**, such as in this patient with heavy vaginal bleeding and maternal hypotension concerning for placenta previa or **placental abruption**, **immediate evaluation** with pelvic examination is required for diagnosis and management. Although a female health care provider is not available, every effort should be made to provide the same **standard of care**. Therefore, deferring the examination (eg, monitoring the patient only) or transferring the patient to another facility is inappropriate because it risks maternal-fetal morbidity and mortality (**Choices B and E**).

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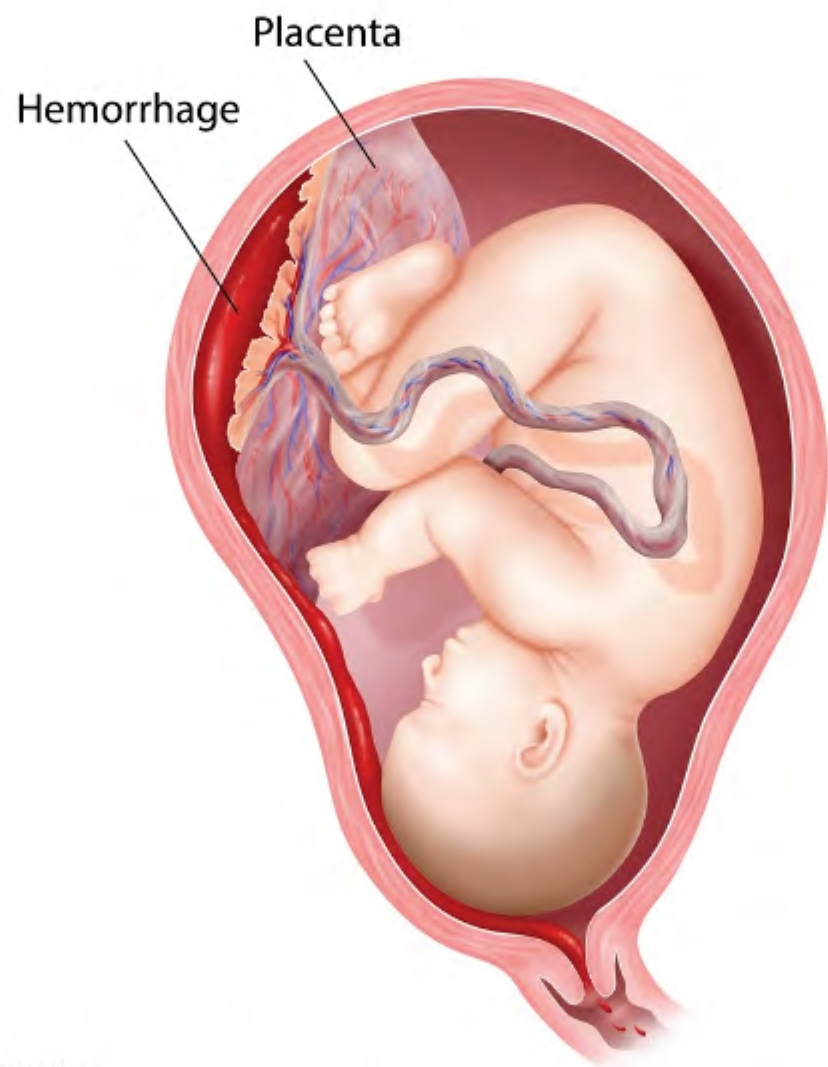
Women who decline pelvic examination by a male health care provider when no female health care provider is available may be offered a female chaperone.

References

autonomy.

Exhibit Display

Visible bleeding



©UWorld
Zoom In Zoom Out Reset New Existing My Notebook

References



A 54-year-old woman comes to the office for a yearly preventive examination. She has no specific concerns. Blood pressure is 144/95 mm Hg and pulse is 86/min. BMI is 50 kg/m². Examination shows severe obesity but is otherwise unremarkable. Fasting glucose is 128 mg/dL. When the subject of her weight is mentioned, the patient says, "In my family, we just like to eat. My mother is heavy, my father is heavy, and my kids are heavy. There's no point in trying to lose weight now." Which of the following is the most appropriate response to this patient's statement?

- ☐ A. "Bariatric surgery might be a good option for you to consider."
- ☐ B. "Even with your family history, simple changes in your diet can lower your blood pressure."
- ☐ C. "Tell me how you think your weight might relate to your blood pressure and glucose."
- ☐ D. "You can still eat whatever you want as long as you don't eat so much of it."
- ☐ E. "You don't have to lose all the weight at once. A little at a time will eventually make a difference."



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- A. "Bariatric surgery might be a good option for you to consider." (0%)
- ✖

B. "Even with your family history, simple changes in your diet can lower your blood pressure." (20%)
- ✔

C. "Tell me how you think your weight might relate to your blood pressure and glucose." (66%)
- D. "You can still eat whatever you want as long as you don't eat so much of it." (0%)
- E. "You don't have to lose all the weight at once. A little at a time will eventually make a difference." (11%)

Incorrect

Correct answer
C

66%
Answered correctly

04 secs
Time Spent

2023
Version

Explanation

Stages of change model		
Stage		Motivational interviewing
		<ul style="list-style-type: none">Encourage patient to evaluate

Stages of change model		
Stage		Motivational interviewing
Precontemplation	Not ready to change: patient does not acknowledge negative consequences	<ul style="list-style-type: none">• Encourage patient to evaluate consequences of current behavior• Explain & personalize the risk• Recommending action is premature
Contemplation	Thinking of changing: patient acknowledges consequences but is ambivalent	<ul style="list-style-type: none">• Encourage evaluation of pros & cons of behavior change• Promote new, positive behaviors
Preparation	Ready to change: patient decides to change	<ul style="list-style-type: none">• Encourage small initial steps• Reinforce positive outcome expectations
Action	Making change: patient makes specific, overt changes	<ul style="list-style-type: none">• Help identify appropriate change strategies & enlist social support• Promote self-efficacy for dealing with obstacles
Maintenance	Changes integrated into patient's life; focus on relapse prevention	<ul style="list-style-type: none">• Follow-up support; reinforce intrinsic rewards• Develop relapse prevention strategies
Identification	Behavior is automatic: changes incorporated into sense of self	<ul style="list-style-type: none">• Praise changes

This patient has obesity with weight-related complications including hypertension and (likely) type 2 diabetes



This patient has obesity with weight-related complications including hypertension and (likely) type 2 diabetes mellitus. However, she does not acknowledge the adverse effects of obesity and voices no readiness to institute behavioral changes (eg, diet, exercise). Counseling of patients with obesity and other lifestyle-related disorders (eg, smoking, alcohol abuse) can often be tailored to the individual patient by using a stages of change model; this patient is considered to be in the **precontemplation stage**.

Patients in the precontemplation stage are not ready to explore lifestyle change options or implement specific behavioral interventions. However, it is often beneficial to explore the patient's **current understanding** of their condition and how it can affect their **future health**. Patients with obesity frequently understand much about the potential health consequences; engaging in a nonjudgmental discussion of how this patient's weight affects her blood pressure and glucose may facilitate more productive conversations in future visits.

(Choice A) Although bariatric surgery is indicated based on this patient's BMI, noninvasive treatments (ie, diet, weight loss medication) are usually attempted first. Also, specific interventions are generally not discussed until the patient is ready to consider options for change.

(Choice B) Once a patient voices willingness to consider lifestyle change (ie, contemplation stage), the clinician should start introducing potential interventions in general terms, discussing the various pros and cons. However, in this case, the clinician should first encourage the patient to consider the need for lifestyle change before discussing possible interventions.

(Choice D) Many diets (eg, low-fat, low-carbohydrate, reduced-calorie blended) have been shown to produce weight loss, but most require changes in food choices, not just food quantity. Details of implementation generally would not be discussed until the patient voices some level of readiness to change.

(Choice E) Initiating a weight loss program with small, incremental goals is frequently helpful in the implementation of lifestyle change. However, setting goals is more appropriate at the time the patient is preparing to institute behavior change (ie, preparation stage).

Educational objective:



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Educational objective:

Patients in a precontemplation stage of change do not acknowledge the negative consequences of current behaviors and are not ready to implement specific lifestyle changes. Providers working with patients in the precontemplation stage should avoid recommending specific actions but instead discuss patients' understanding of their condition and its effect on their future health. A nonjudgmental discussion of lifestyle can often facilitate more productive conversations in the future.



A 71-year-old woman with metastatic non-small cell lung cancer is admitted to the intensive care unit for malignant airway obstruction with post-obstructive pneumonia and sepsis. Her oncologist calls the admitting physician to provide sign out, saying, "Her disease has been progressing. Our plan was to start a third-line chemotherapy regimen next week." Despite receiving antibiotics and supportive care, she has rapid deterioration of her respiratory status with a very high likelihood of dying in the intensive care unit. When the physician discusses the patient's condition, the patient and family say, "Whatever might have a chance of working, we want everything to be done." Which of the following is the most appropriate response?

- ☐ A. "Given this major change in your clinical status, I want to revisit what you mean by 'everything'."
- ☐ B. "Have you had discussions with your oncologist about your long-term goals of care?"
- ☐ C. "I am afraid that continued aggressive treatments could cause more harm than good for you."
- ☐ D. "I promise we'll do everything we can. I'll arrange for stenting and radiation to open the airway."
- ☐ E. "Take some time to think things over. I'll return later this evening to continue the conversation."

Submit



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- ✓

☐

A. "Given this major change in your clinical status, I want to revisit what you mean by 'everything'." (45%)
- ✗

☒

B. "Have you had discussions with your oncologist about your long-term goals of care?" (26%)
- ☐

C. "I am afraid that continued aggressive treatments could cause more harm than good for you." (9%)
- ☐

D. "I promise we'll do everything we can. I'll arrange for stenting and radiation to open the airway." (16%)
- ☐

E. "Take some time to think things over. I'll return later this evening to continue the conversation." (2%)

Incorrect

Correct answer
A

45%
Answered correctly

03 secs
Time Spent

2023
Version

Explanation

When patients & families request that "everything" be done	
Understand what "everything" means	<ul style="list-style-type: none">"Every treatment with even the slightest possibility of benefit" (rare)"Everything that you, as my physician, feel is worthwhile""Everything to relieve symptoms, even though it may shorten life"

When patients & families request that "everything" be done	
Understand what "everything" means	<ul style="list-style-type: none">"Every treatment with even the slightest possibility of benefit" (rare)"Everything that you, as my physician, feel is worthwhile""Everything to relieve symptoms, even though it may shorten life"
Communicate prognosis	<ul style="list-style-type: none">Use clear & direct language ("Your mother is dying")Maintain consistent messagingAvoid discussing minutiae of management
Propose a philosophy of treatment	<ul style="list-style-type: none">Offer medical recommendations with appropriate limits to therapyDiscuss what <i>will</i> be done before covering what will <i>not</i> be doneIllustrate how the recommendations support the patient's values
Support emotional response	<ul style="list-style-type: none">Validate emotions & invite conversation ("What is the toughest part of this for you?")Reaffirm commitment to caring for the patient no matter what happens
Negotiate disagreements	<ul style="list-style-type: none">Review understanding & seek common groundSeek external input for persistent, unresolved conflict (eg, from ethics committee)

This gravely ill patient has acute respiratory failure due to refractory metastatic lung cancer. Because the patient is rapidly deteriorating, discussions regarding **goals of care** are time-sensitive, as she may soon be incapacitated (eg, urgently intubated) and unable to participate in her own decision-making (**Choice E**).

The patient and her family request that **"everything"** be done, a frequently voiced sentiment during care discussions. In the outpatient oncology setting, "everything" meant exhausting multiple chemotherapy regimens to



This gravely ill patient has acute respiratory failure due to refractory metastatic lung cancer. Because the patient is rapidly deteriorating, discussions regarding **goals of care** are time-sensitive, as she may soon be incapacitated (eg, urgently intubated) and unable to participate in her own decision-making (**Choice E**).

The patient and her family request that "**everything**" be done, a frequently voiced sentiment during care discussions. In the outpatient oncology setting, "everything" meant exhausting multiple chemotherapy regimens to achieve a disease response. Unfortunately, the patient has become unstable and is very likely to die during her acute hospitalization. Predefined preferences should therefore be **revisited regularly**, including whenever there is a **major change** in clinical status. The physician cannot presume that a patient's past preferences can be directly extrapolated to a **new situation**.

Patients can be unsure of how to express **evolving preferences** without an open invitation to a discussion. Therefore, clarifying the patient's current concept of "everything" is the first step toward developing a shared plan of care. "Everything" has fluid meanings, shifting across both a patient's life span and different clinical situations. Due to this wide variability, it is critical to guide and support patients as they weigh the acceptability of potentially harmful interventions with a low likelihood of benefit.

(Choice B) The patient and her oncologist may have previously discussed long-term goals of care. However, her current preferences need to be revisited in light of her acute deterioration, with specific clarification about the meaning of "everything."

(Choices C and D) Some patients request "everything to keep me alive at all costs." Radiation and airway stenting can temporarily improve pulmonary function and extend this patient's life by days to weeks. However, her personal beliefs, values, and concept of "everything" should be openly discussed and reevaluated prior to offering treatments that may ultimately prolong the inevitable dying process with no meaningful benefit.

Educational objective:

When approaching goals of care, the specific meaning of a patient or family's request that "everything be done" should be explored and revisited regularly, including whenever there is a major change in clinical status.



The patient and her family request that **"everything"** be done, a frequently voiced sentiment during care discussions. In the outpatient oncology setting, "everything" meant exhausting multiple chemotherapy regimens to achieve a disease response. Unfortunately, the patient has become unstable and is very likely to die during her acute hospitalization. Predefined preferences should therefore be **revisited regularly**, including whenever there is a **major change** in clinical status. The physician cannot presume that a patient's past preferences can be directly extrapolated to a **new situation**.

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Educational objective:

When approaching goals of care, the specific meaning of a patient or family's request that "everything be done" should be explored and revisited regularly, including whenever there is a major change in clinical status.



A 60-year-old man comes to the office for surgical consultation of multivessel coronary artery disease. After reviewing prior records and completing a thorough evaluation, the surgeon discusses the recommendation for a coronary artery bypass graft, describing its indications and providing an overview of the surgery, including risks and benefits of the operation. The surgeon then discusses what the patient can expect during the recovery period. Which of the following additional disclosures is a necessary component of an informed consent discussion by the surgeon?

- ☐ A. Cost of surgery and estimated coverage by insurance
- ☐ B. Mortality rate of coronary artery bypass grafts performed by the surgeon
- ☐ C. Option for patient to obtain a second opinion
- ☐ D. Probable outcomes if surgery is not performed
- ☐ E. Risks of anesthetic agents that will be used during the procedure

Submit



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- ☐

A. Cost of surgery and estimated coverage by insurance (7%)
- ☒

B. Mortality rate of coronary artery bypass grafts performed by the surgeon (7%)
- ☐

C. Option for patient to obtain a second opinion (10%)
- ☒

D. Probable outcomes if surgery is not performed (56%)
- ☐

E. Risks of anesthetic agents that will be used during the procedure (18%)

Incorrect

Correct answer
D

56%

Answered correctly

03 secs

Time Spent

2023

Version

Explanation

Elements of informed consent	
Preconditions	<ul style="list-style-type: none">CompetencyVoluntariness
	<ul style="list-style-type: none">Diagnosis

Elements of informed consent	
Preconditions	<ul style="list-style-type: none">CompetencyVoluntariness
Disclosure of key facts	<ul style="list-style-type: none">DiagnosisProposed treatment or procedureAlternate treatment options (medical, surgical)Risks/benefits of proposed treatment & alternatives<ul style="list-style-type: none">Common complicationsRare but major complicationsRisks of refusing treatment
Other disclosures if applicable	<ul style="list-style-type: none">Role of residents & medical studentsAnticipated additional proceduresFinancial conflicts

The process of informed consent requires disclosure of key information so that the patient can make an informed medical decision. The essential components of an informed consent discussion include explanation of the patient's **diagnosis** and proposed treatment, other **treatment options, risks and benefits** of the proposed treatment, and **risks of refusing** the proposed treatment. In this case, the surgeon has not yet addressed the risks to the patient if the surgery is not performed (eg, increased risk of subsequent cardiovascular events).

The informed consent discussion should be conducted by the surgeon who will perform the procedure and should use language that is easily comprehended. The patient must be given an opportunity to ask questions. The content of the informed consent discussion should be documented in the patient's medical record.

(Choice A) Information regarding cost is not a required component of informed consent. This information likely depends on the patient's insurance plan and is not a question the physician can accurately answer.

The process of informed consent requires disclosure of key information so that the patient can make an informed medical decision. The essential components of an informed consent discussion include explanation of the patient's **diagnosis** and proposed treatment, other **treatment options, risks and benefits** of the proposed treatment, and **risks of refusing** the proposed treatment. In this case, the surgeon has not yet addressed the risks to the patient if the surgery is not performed (eg, increased risk of subsequent cardiovascular events).

The informed consent discussion should be conducted by the surgeon who will perform the procedure and should use language that is easily comprehended. The patient must be given an opportunity to ask questions. The content of the informed consent discussion should be documented in the patient's medical record.

(Choice A) Information regarding cost is not a required component of informed consent. This information likely depends on the patient's insurance plan and is not a question the physician can accurately answer.

(Choice B) Disclosure of the mortality rate of a procedure performed by the surgeon is not a required element of informed consent. However, if asked, a physician must answer truthfully and disclose this information.

(Choice C) Although all patients have the right to a second opinion, explicitly stating this option is not a requirement of the informed consent process.

(Choice E) Discussing the risks of specific anesthetic agents is outside the surgeon's scope of practice. This should be discussed during the informed consent process with the anesthesiologist, which is typically conducted as part of the preanesthesia evaluation.

Educational objective:

The essential components of informed consent include explanation of the patient's diagnosis and proposed treatment, other treatment options, the risks and benefits of the proposed treatment, and the risks of refusing the proposed treatment.

References

- [Informed consent for surgery: risk discussion and documentation](#)



A 29-year-old man comes to the urgent care clinic for evaluation of a sore throat and nasal congestion. After waiting for 2 hours, he is taken to an examination room. Vital signs are within normal limits. When the physician enters the room, the patient loudly says, "I've been here for hours, and there were barely any people in the waiting room. I'm missing work to be here." In addition to thanking the patient for waiting, which of the following initial responses by the physician is most appropriate?

- ☐ A. "I apologize for the delay; let's talk about the symptoms you've been experiencing."
- ☐ B. "I know the waiting room appears empty; the staff is working hard to see patients efficiently."
- ☐ C. "Unfortunately, the wait was so long because we triage patients based on urgency and severity."
- ☐ D. "Wait times are usually shorter at outpatient offices because urgent care clinics can be unpredictable."
- ☐ E. "You have a reason to be angry. I'm also frustrated that patients have to wait this long."

Submit





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- ✓ ☐ A. "I apologize for the delay; let's talk about the symptoms you've been experiencing." (66%)
- ☐ B. "I know the waiting room appears empty; the staff is working hard to see patients efficiently." (9%)
- ✗ ☒ C. "Unfortunately, the wait was so long because we triage patients based on urgency and severity." (2%)
- ☐ D. "Wait times are usually shorter at outpatient offices because urgent care clinics can be unpredictable." (0%)
- ☐ E. "You have a reason to be angry. I'm also frustrated that patients have to wait this long." (20%)

IncorrectCorrect answer
A66%
Answered correctly03 secs
Time Spent2023
Version

Explanation

Patient-centered communication involves being responsive to the **patient's perspective**. Initial interactions are particularly important because they set the foundation for the physician-patient relationship. Acknowledging the patient's perspective and being **respectful**, **nondefensive**, and **nonjudgmental** are important for developing rapport and fostering the physician-patient relationship.

In this scenario, the patient is upset because he waited 2 hours and missed work, which is compounded by his



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In this scenario, the patient is upset because he waited 2 hours and missed work, which is compounded by his perception that the wait was avoidable. The best approach is to offer a straightforward apology for the delay, instead of attempting to justify it, and then focus on the reason for the visit. This response keeps the focus on the patient's needs and perspective.

(Choice B) This response attempts to justify why the waiting room is empty rather than acknowledging the impact of the delay on the patient. It is likely to be perceived as defensive and does not foster the physician-patient relationship.

(Choices C and D) These responses assume that the patient's condition is not serious or urgent. They may also convey that the patient's concerns are being given lower priority and insinuate that the patient made a mistake in coming to an urgent care clinic. A patient who is already frustrated is likely to experience these comments as dismissive and judgmental.

(Choice E) Although this statement acknowledges the patient's perspective, it does not attempt to defuse and could possibly increase the patient's anger. Focusing on the reason for the patient's visit is likely to be more productive.

Educational objective:

Patient-centered communication involves acknowledging the patient's perspective, showing respect, and being nondefensive and nonjudgmental. Long delays are best handled with a straightforward apology and a focus on the patient's concerns.

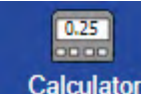
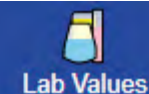
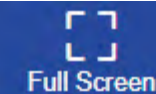


A 57-year-old woman with a history of type 2 diabetes mellitus and asthma comes to the office for a preventive visit during influenza season. The patient belongs to an ethnic minority group and is accompanied by her daughter. The patient's medical conditions are well controlled, and she currently has no symptoms. The provider explains that she is at high risk for complications from seasonal influenza and recommends that she get the seasonal influenza vaccine. The patient says, "I don't trust that vaccine. It's from the government, so I don't think it's safe for people like me." Which of the following actions by the physician is most appropriate?

- ☐ A. Ask the patient's daughter to encourage her to get the vaccine
- ☐ B. Assess the patient for additional delusional thoughts
- ☐ C. Initiate discussion about the vaccine, incorporating culturally inclusive materials
- ☐ D. Inquire about the patient's understanding of federally funded health care
- ☐ E. Respect the patient's wishes and do not administer the vaccine

Submit





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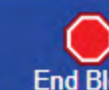
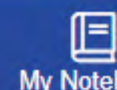
- ☐ A. Ask the patient's daughter to encourage her to get the vaccine (0%)
- ✗ ☒ B. Assess the patient for additional delusional thoughts (1%)
- ✓ ☐ C. Initiate discussion about the vaccine, incorporating culturally inclusive materials (80%)
- ☐ D. Inquire about the patient's understanding of federally funded health care (11%)
- ☐ E. Respect the patient's wishes and do not administer the vaccine (6%)

IncorrectCorrect answer
C80%
Answered correctly03 secs
Time Spent2023
Version

Explanation

Trust (eg, belief in the physician's skills, recommendations, and intentions) is central to the patient-provider therapeutic alliance and is associated with improved outcomes (eg, treatment adherence, quality, self-reported health). Among **minority patients**, distrust of physicians and health care systems may occur due to the following:

- **Historical legacies** of experimentation (eg, US Public Health Service Syphilis Study at Tuskegee, which failed to obtain proper informed consent from Black men or provide them with curative and readily available





Trust (eg, belief in the physician's skills, recommendations, and intentions) is central to the patient-provider therapeutic alliance and is associated with improved outcomes (eg, treatment adherence, quality, self-reported health). Among **minority patients**, distrust of physicians and health care systems may occur due to the following:

- **Historical legacies** of experimentation (eg, US Public Health Service Syphilis Study at Tuskegee, which failed to obtain proper informed consent from Black men or provide them with curative and readily available treatment)
- Personal experience of **discrimination**, because minority patients are more likely to receive lower-quality health care and to experience suboptimal physician communication
- **Low ethnic diversity** in health care (eg, <5% of physicians are Black; <6% are Hispanic)

Distrust can decrease vaccine use (eg, <40% of Black adults receive the influenza immunization). Given the patient's high risk for influenza complications (eg, history of asthma, diabetes), the physician should explore the reasons for her concerns and engage her in an **open-ended discussion** using **culturally inclusive** health education materials; such materials may feature messages, images, or symbols that carry meaning to a minority community. Discussion should **build a partnership** and establish alignment of patient and physician goals. Once the patient's concerns and priorities are understood, the physician may be able to provide reassurance through patient-centered education.

(Choice A) Although the daughter's encouragement may be helpful, the physician should first attempt to directly engage the patient.

(Choice B) Distrust in the medical system should be respectfully explored rather than viewed as delusional, given its legitimate relation to historical events and personal experience.

(Choice D) Inquiring about the patient's understanding of federally funded health care systems is less focused and relevant compared to direct discussion, exploration of views, and reassurance regarding the influenza vaccination.





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(Choice A) Although the daughter's encouragement may be helpful, the physician should first attempt to directly engage the patient.

(Choice B) Distrust in the medical system should be respectfully explored rather than viewed as delusional, given its legitimate relation to historical events and personal experience.

(Choice D) Inquiring about the patient's understanding of federally funded health care systems is less focused and relevant compared to direct discussion, exploration of views, and reassurance regarding the influenza vaccination.

(Choice E) Although the patient has the right to ultimately decline vaccination, the physician should first attempt to engage her with open-ended discussion about it.

Educational objective:

Trust is central to the provider-patient therapeutic alliance and is associated with improved outcomes. Distrust by minority patients may result from numerous factors (eg, historical legacy, experience of discrimination, low cultural inclusivity). Providers can build trust through open-ended discussion and focused reassurance using culturally relevant materials.





A 26-year-old woman, gravida 1 para 0, at 38 weeks gestation is admitted to the hospital in active labor. Twelve hours after admission, she has a spontaneous vaginal delivery of a baby boy who weighs 3.8 kg (8.4 lb) and has Apgar scores of 8 and 9 at 1 and 5 minutes, respectively. The patient did not receive routine prenatal care. She has no chronic medical conditions and no medication allergies. After delivery, the patient is informed that her son will require erythromycin ointment to prevent an eye infection and possible blindness that can be caused by untreated gonorrhea. The patient says her son does not need treatment because she has never had a sexually transmitted infection. Which of the following is the most appropriate response to this patient?

- ☐ A. "Although you're refusing what is recommended, I respect your decision to decline treatment and will document it in your chart."
- ☐ B. "Giving medication to a healthy baby may seem unusual and unnecessary; let's talk about why this treatment is recommended for all newborns."
- ☐ C. "I'm not assuming you have a sexually transmitted infection, but in case you do, this treatment could prevent serious eye conditions."
- ☐ D. "Refusing treatment puts your baby at risk for lifelong consequences from an otherwise preventable condition; let's discuss the potential risks of your decision."
- ☐ E. "Sometimes people can have gonorrhea without obvious symptoms, which is why I'm required to give this medication to all newborns."





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- ☐ A. "Although you're refusing what is recommended, I respect your decision to decline treatment and will document it in your chart." (1%)
- ✓ ☒ B. "Giving medication to a healthy baby may seem unusual and unnecessary; let's talk about why this treatment is recommended for all newborns." (78%)
- ☐ C. "I'm not assuming you have a sexually transmitted infection, but in case you do, this treatment could prevent serious eye conditions." (5%)
- ☐ D. "Refusing treatment puts your baby at risk for lifelong consequences from an otherwise preventable condition; let's discuss the potential risks of your decision." (9%)
- ☐ E. "Sometimes people can have gonorrhea without obvious symptoms, which is why I'm required to give this medication to all newborns." (5%)

Correct

78%
Answered correctly06 secs
Time Spent2023
Version

Explanation





This patient is declining recommended treatment for her newborn based on the reasoning that she has not had a sexually transmitted infection (STI). This may reflect a lack of understanding that STIs may be asymptomatic and/or lack of knowledge that preventive treatment is recommended for all newborns. The patient should be counseled that prophylactic erythromycin is recommended for all newborns to prevent blindness from *Neisseria gonorrhoeae*.

As part of the process of **informed consent**, all necessary information about **indications** for treatment as well as **risks** and **benefits** of accepting and refusing treatment should be provided, and the patient should be encouraged to ask questions. Whenever a patient declines or is hesitant to accept treatment, the initial step is for the physician to **assess the patient's knowledge**, provide clarification when needed (as in this case), listen to concerns, and understand the specific reasons for the refusal. The process of obtaining informed consent should be conducted in a nonjudgmental and noncoercive way.

(Choices A and E) These statements automatically accept or reject the patient's decision without determining her level of understanding, providing needed clarification, and addressing concerns. Responding to treatment refusal should first involve assessing the patient's understanding of the indications, risks, and benefits of treatment.

(Choice C) The patient has already asserted that she does not have a sexually transmitted illness, and further discussion on this point is likely to be perceived as condescending, which could undermine trust. Treatment is recommended for all newborns, regardless of the patient's history of being treated for an STI.

(Choice D) Although this statement makes a medically valid point, it blames the patient for a worst outcome. Using parental fear and guilt as a coercive tactic should be avoided.

Educational objective:

The process of informed consent involves discussing the indications, risks, and benefits of treatment. Assessing a patient's understanding of the discussion and responding to specific concerns or confusion is essential to obtaining valid consent.





A 28-year-old woman comes to the office for a regularly scheduled prenatal appointment. Her pregnancy has been going well and the patient says that she is thrilled to be having a baby after trying to become pregnant for several years. She and her husband experienced considerable strain in their marriage as they went through multiple unsuccessful fertility treatments. During the visit, the physician orders some blood work and performs a 1-hour glucose challenge test. The patient becomes apprehensive when this is mentioned and begins to ask questions about the purpose of the testing. When asked about her concern, she confides that the fetus is not her husband's child. Her husband is also the physician's patient, and she asks the physician not to tell him about this because "it will ruin everything." Which of the following is the most appropriate response by the physician?

- ☐ A. I am obligated to tell him as he is my patient and it is in his best interest to know.
- ☐ B. I will not inform your husband, but please consider telling him the truth.
- ☐ C. I will not tell him, but I am obligated to inform the biological father.
- ☐ D. I will not tell him, but keeping this from your husband will have many negative effects.
- ☐ E. I will not tell your husband.



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- A. I am obligated to tell him as he is my patient and it is in his best interest to know. (1%)

✗

●

B. I will not inform your husband, but please consider telling him the truth. (35%)

○

C. I will not tell him, but I am obligated to inform the biological father. (2%)

○

D. I will not tell him, but keeping this from your husband will have many negative effects. (4%)

✓

E. I will not tell your husband. (55%)

Incorrect

Correct answer
E

55%

Answered correctly

03 secs

Time Spent

2023

Version

Explanation

Physicians are ethically obligated to **respect patient autonomy** and **protect patient confidentiality**, keeping all personal health information private unless the patient gives specific consent to release the information. Maintaining patient confidentiality is essential to developing a trusting physician-patient relationship as patients would otherwise be less likely to share sensitive information, which could negatively impact their care. This is



Physicians are ethically obligated to **respect patient autonomy** and **protect patient confidentiality**, keeping all personal health information private unless the patient gives specific consent to release the information.

Maintaining patient confidentiality is essential to developing a trusting physician-patient relationship as patients would otherwise be less likely to share sensitive information, which could negatively impact their care. This is particularly critical for issues that might be stigmatizing, such as reproductive, sexual, substance use, and mental health concerns. Confidentiality assures that **private information not be disclosed** to family or employers without the patient's explicit consent. This patient's request not to inform her husband should be respected.

Exceptions to confidentiality include the following:

- Suspected child, disabled person, or elder abuse (reporting laws for spousal abuse vary by state)
- Knife or gunshot wounds
- Diagnosis of a reportable communicable disease
- Threats to harm self or others and reasonable ability to carry out the threat in the near future

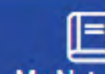
(Choice A) The physician's primary duty is to protect the patient's confidentiality regardless of whether her husband is a patient or not. Imposing one's personal belief that it would be in the husband's best interest to know is inappropriate.

(Choices B and D) These statements could be considered directive and/or judgmental by the patient. The physician should be neutral with regard to the patient's decision and not force her into actions or a conversation with which she may be uncomfortable. It would be appropriate to inquire about the patient's concerns, specifically if there are any safety concerns.

(Choice C) The physician has no legal or ethical obligation to inform the biological father. Under current law, a father has no legal right to know that a child is his unless he is ordered to make child support payments.

Educational objective:

Patient confidentiality is strongly protected because patients must feel free to disclose details of all aspects of their



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Educational objective:

Patient confidentiality is strongly protected because patients must feel free to disclose details of all aspects of their lives so that physicians can provide optimal care. Exceptions to patient confidentiality include suspected child, disabled person, or elder abuse; knife or gunshot wounds; diagnosis of a reportable communicable disease; and patients at risk of physically harming themselves or others.



A 56-year-old man comes to the office for follow-up of type 2 diabetes mellitus. He has an extensive family history of complicated type 2 diabetes, and multiple family members have required lower extremity amputations for nonhealing ulcers. The patient has tried multiple oral medications and his most recent hemoglobin A1c is 9.6%. He is now being considered for basal insulin therapy. After an extended discussion of injection technique, the patient tells the clinician that he does not want to initiate insulin. He says, "My diabetes is my own fault. My mother always said I was too fat and was going to get diabetes like my dad. Maybe if I stop eating too much, I wouldn't have to waste your time giving me insulin." Which of the following is the most appropriate response to this patient's statement?

- ☐ A. "Insulin is the best option for your diabetes right now, and we can work on weight loss later."
- ☐ B. "It is common for people with diabetes to eventually need insulin. That doesn't mean it is your fault."
- ☐ C. "It seems you are becoming frustrated with your health. Do you feel like you may be depressed?"
- ☐ D. "You should never feel like you are wasting my time. Helping patients get better is what makes me happy."
- ☐ E. "You shouldn't blame yourself. Your family history is not something you can control."

Submit

A 56-year-old man comes to the office for follow-up of type 2 diabetes mellitus. He has an extensive family history of complicated type 2 diabetes, and multiple family members have required lower extremity amputations for nonhealing ulcers. The patient has tried multiple oral medications and his most recent hemoglobin A1c is 9.6%. He is now being considered for basal insulin therapy. After an extended discussion of injection technique, the patient tells the clinician that he does not want to initiate insulin. He says, "My diabetes is my own fault. My mother always said I was too fat and was going to get diabetes like my dad. Maybe if I stop eating too much, I wouldn't have to waste your time giving me insulin." Which of the following is the most appropriate response to this patient's statement?

- A. "Insulin is the best option for your diabetes right now, and we can work on weight loss later." (4%)

✓○

B. "It is common for people with diabetes to eventually need insulin. That doesn't mean it is your fault." (55%)

✗○

C. "It seems you are becoming frustrated with your health. Do you feel like you may be depressed?" (12%)

○

D. "You should never feel like you are wasting my time. Helping patients get better is what makes me happy." (15%)

○

E. "You shouldn't blame yourself. Your family history is not something you can control." (11%)

Incorrect

Correct answer B

55%

Answered correctly

03 secs

Time Spent

2023

Version

Explanation

Counseling patients in treatment failure	
Provide information	<ul style="list-style-type: none">Natural history of conditionNeed for second-line or add-on therapyTreatment failure does not represent personal failure
Facilitate decisions	<ul style="list-style-type: none">Pros & cons of available treatment optionsManagement choices that respect patient preferences & prioritiesPlan for follow-up to determine treatment response

Failure of oral medications is common in long-standing **type 2 diabetes mellitus** due to **progressive loss of pancreatic beta cell function**. Basal insulin therapy is often necessary, especially when multiple agents have failed or when a patient has a hemoglobin A1c >9%.

It is common for patients to have reservations about initiating insulin due to treatment complexity, risk of hypoglycemia, or injection pain. However, this patient is expressing concern that the failure of oral agents represents a **personal inadequacy**; in other words, he thinks that his diabetes is uncontrolled because he has failed to follow lifestyle recommendations (ie, diet).

In counseling patients with treatment failure, especially those who have overpersonalized their medical condition, it is appropriate to review the **natural history** of the condition. In this case, the clinician should explain that type 2 diabetes is a progressive disorder and that **escalating treatment regimens** are often the norm. Lifestyle factors (eg, diet, weight loss) should not be neglected but should be discussed in a compassionate, nonjudgmental way, and self-blame should not be encouraged.

(Choice A) Although the clinician should assist the patient in developing weight loss strategies, this patient's hesitation in initiating insulin is primarily related to guilt and self-worth. Once the psychosocial aspects of treatment are addressed, weight loss counseling is likely to be more fruitful.

(Choice C) This patient's frustration pertains to diabetes and insulin. Once that issue is addressed, if the patient



hypoglycemia, or injection pain. However, this patient is expressing concern that the failure of oral agents represents a **personal inadequacy**; in other words, he thinks that his diabetes is uncontrolled because he has failed to follow lifestyle recommendations (ie, diet).

In counseling patients with treatment failure, especially those who have overpersonalized their medical condition, it is appropriate to review the **natural history** of the condition. In this case, the clinician should explain that type 2 diabetes is a progressive disorder and that **escalating treatment regimens** are often the norm. Lifestyle factors (eg, diet, weight loss) should not be neglected but should be discussed in a compassionate, nonjudgmental way, and self-blame should not be encouraged.

(Choice A) Although the clinician should assist the patient in developing weight loss strategies, this patient's hesitation in initiating insulin is primarily related to guilt and self-worth. Once the psychosocial aspects of treatment are addressed, weight loss counseling is likely to be more fruitful.

(Choice C) This patient's frustrations pertain to diabetes and insulin. Once that issue is addressed, if the patient has additional concerns or depressive symptoms in other domains, a more detailed depression assessment could be performed.

(Choice D) This response conveys empathy but diverts attention from the patient to the provider. Such a statement might be appropriate as a cheerful end to the conversation but is not an effective way to initiate further discussion.

(Choice E) This patient's feelings of guilt may be related to his family background, but his concerns focus specifically on his lifestyle habits and diabetic control rather than genetic factors in the etiology of diabetes.

Educational objective:

Failure of oral medications is common in long-standing type 2 diabetes mellitus due to progressive loss of pancreatic beta cell function. Patients should be counseled that because of the natural history of the condition, the need for supplemental insulin is common and does not represent a personal failure.





A physician is approached by a friend who requests a prescription for antidepressant medication. The physician has been friends with this individual since college and is aware that she has been treated for depression in the past. The friend explains that she is only "a little depressed" due to work stress and relationship issues and would like to resume sertraline, which she has taken previously. She has a physician but wants to avoid seeing the provider due to difficulty getting an appointment and her own busy schedule. Which of the following is the most appropriate response?

- ☐ A. "I can write a prescription so that you have enough medication until you're able to get an appointment with your doctor."
- ☐ B. "I wish I could help you, but your psychiatric history is too complex for me to feel comfortable prescribing medication for you."
- ☐ C. "Let's schedule a time for you to come in for a full evaluation so that I can make sure sertraline is the most appropriate option."
- ☐ D. "Unfortunately, I'm unable to prescribe medication for you since our relationship prevents me from providing objective treatment."
- ☐ E. "Your doctor should be able to prescribe a refill without an appointment since you've taken this medication before."

Submit



Previous



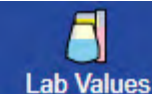
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Full Screen



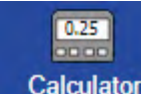
Tutorial



Lab Values



Notes



Calculator



Reverse Color






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Settings

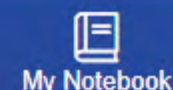
A physician is approached by a friend who requests a prescription for antidepressant medication. The physician has been friends with this individual since college and is aware that she has been treated for depression in the past. The friend explains that she is only "a little depressed" due to work stress and relationship issues and would like to resume sertraline, which she has taken previously. She has a physician but wants to avoid seeing the provider due to difficulty getting an appointment and her own busy schedule. Which of the following is the most appropriate response?

- ☐ A. "I can write a prescription so that you have enough medication until you're able to get an appointment with your doctor." (1%)
- ☒ B. "I wish I could help you, but your psychiatric history is too complex for me to feel comfortable prescribing medication for you." (0%)
- ☐ C. "Let's schedule a time for you to come in for a full evaluation so that I can make sure sertraline is the most appropriate option." (28%)
- ☒ D. "Unfortunately, I'm unable to prescribe medication for you since our relationship prevents me from providing objective treatment." (64%)
- ☐ E. "Your doctor should be able to prescribe a refill without an appointment since you've taken this medication before." (4%)

IncorrectCorrect answer
D 64%
Answered correctly 02 secs
Time Spent 2023
Version

Explanation

Physicians are commonly approached by friends and family for **informal medical care** ranging from prescriptions



My Notebook



Flashcards



Feedback



Suspend



End Block



Physicians are commonly approached by friends and family for **informal medical care** ranging from prescriptions for antibiotics to treatment of complex medical issues. However, the wish to be helpful must be balanced with ethical considerations related to the **risks of compromising objectivity** and clinical judgment when **treating a friend**.

Potential problems that could result in patient harm (maleficence) include failure to perform an adequate assessment of sensitive issues related to depression (eg, suicide risk), the possibility that the patient will not be completely forthcoming due to the friendship, treating conditions that may be outside of the physician's expertise, and lack of appropriate documentation and follow-up. In addition, from a medico-legal perspective, writing a prescription establishes a physician-patient relationship and may be problematic in the event of an adverse outcome.

Professional medical organizations with published ethics guidelines consistently recommend that treatment of friends and family be **limited to emergency situations** when no other physician is available. The most appropriate response is for the physician to decline to write the prescription, explaining that the nature of their relationship prevents objective treatment.

(Choice A) Physicians may feel pressured to accommodate requests from friends, but offering a limited supply of medication is not indicated in this nonemergency situation. The physician should encourage the friend to schedule an appointment with her provider.

(Choice B) Describing the friend's psychiatric history as complex may be viewed as judgmental and is not the fundamental reason for declining the request for medication. It is preferable to explain how the nature of their friendship compromises the physician's ability to treat her objectively.

(Choice C) Although it is well intentioned, scheduling a full evaluation to determine whether antidepressants are indicated does not solve the ethical problem of treating a friend in a nonemergency situation.

(Choice E) This option makes the unfounded assumption that another physician would be willing to prescribe



prescription establishes a physician-patient relationship and may be problematic in the event of an adverse outcome.

Professional medical organizations with published ethics guidelines consistently recommend that treatment of friends and family be **limited to emergency situations** when no other physician is available. The most appropriate response is for the physician to decline to write the prescription, explaining that the nature of their relationship prevents objective treatment.

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(Choice B) Describing the friend's psychiatric history as complex may be viewed as judgmental and is not the fundamental reason for declining the request for medication. It is preferable to explain how the nature of their friendship compromises the physician's ability to treat her objectively.

(Choice C) Although it is well intentioned, scheduling a full evaluation to determine whether antidepressants are indicated does not solve the ethical problem of treating a friend in a nonemergency situation.

(Choice E) This option makes the unfounded assumption that another physician would be willing to prescribe medication without reevaluating the patient in person.

Educational objective:

Providing informal treatment to friends and family is ethically problematic due to lack of objectivity that can negatively impact clinical judgment. It should generally be limited to emergency situations in which no other physician is available.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Conflict of interest
Subject	System	Topic



A 74-year-old woman is brought by ambulance to the emergency department due to confusion. She is accompanied by her daughter, who lives with her. The patient was diagnosed with aplastic anemia a year ago. Her condition has responded poorly to immunosuppressive therapy and has required multiple blood transfusions. The patient is alert and oriented to person only; she is unable to respond to other questions. Complete blood count shows severe pancytopenia. The patient has an advance directive, signed 9 months ago, in which she designated a friend as her health care proxy. The friend is contacted by phone and tells the physician that the patient did not want to undergo any more blood transfusions. The patient's daughter adamantly insists that the patient receive a blood transfusion, saying, "I discussed it with my mother a few weeks ago, and we decided that she should have everything done to prolong her life." In deciding whether to perform the blood transfusion, which of the following should the physician consider to have the highest priority?

- ☐ A. The daughter's wishes
- ☐ B. The ethical principle of nonmaleficence
- ☐ C. The friend's instructions
- ☐ D. The patient's likelihood of a meaningful recovery
- ☐ E. The risks of receiving a blood transfusion



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- A. The daughter's wishes (3%)

✖

B. The ethical principle of nonmaleficence (10%)

✔

C. The friend's instructions (79%)

D. The patient's likelihood of a meaningful recovery (4%)

E. The risks of receiving a blood transfusion (1%)

Incorrect

Correct answer
C

79%

Answered correctly

03 secs

Time Spent

2023

Version

Explanation

Advance directives

Advance directives	
Definition	<ul style="list-style-type: none">• Legally binding instructions regarding patient's own health care• Considered determinative for giving consent/refusal for treatment• Takes priority over family's/friends' preferences
Requirements	<ul style="list-style-type: none">• Patient is competent at time directive is prepared• Enacted only when patient lacks capacity for decision-making
Types	<ul style="list-style-type: none">• Living will: written document with consent/refusal of specific services• Health care proxy: designation of a surrogate decision maker

A **health care proxy** is a **surrogate decision maker** specifically chosen by a patient to legally make health care decisions on that patient's behalf. Designation occurs when the patient is competent but remains inactive until the patient is incapacitated (eg, delirious, "alert and oriented to person only," "unable to respond").

The health care proxy is **obligated to give instructions** in accordance with the best estimate of what the patient would have chosen (ie, **substituted judgment standard**), reflecting deference to patient autonomy. Often, a patient will directly inform the health care proxy of specific interventions to withhold (eg, patient does not want "any more blood transfusions") based on personal beliefs or consideration of the risks versus benefits. Therefore, this designated health care proxy (ie, the friend) takes legal **priority over all other decision makers** to facilitate and respect the patient's individual, informed decisions.

In this case, even though the friend adhered to the substituted judgment standard by refusing the blood transfusion, there is an isolated report of a change in patient preference from the non–health care proxy daughter. However, this change would be difficult to confirm and is complicated by an unknown context (eg, incapacitated, guilt induced, coerced) in which the patient may have said this (**Choice A**). Although the reported change warrants further investigation with the health care proxy, the established health care proxy remains as the **highest priority**

respect the patient's individual, informed decisions.

In this case, even though the friend adhered to the substituted judgment standard by refusing the blood transfusion, there is an isolated report of a change in patient preference from the non–health care proxy daughter. However, this change would be difficult to confirm and is complicated by an unknown context (eg, incapacitated, guilt induced, coerced) in which the patient may have said this **(Choice A)**. Although the reported change warrants further investigation with the health care proxy, the established health care proxy remains as the **highest priority decision maker**.

(Choice B) Nonmaleficence is the ethical duty to do no harm to the patient. However, the principle that guides a health care proxy in making medical decisions is the principle of patient autonomy, which emphasize the patient's own preferences that were made when decision-making capacity was intact.

(Choices D and E) The risks (eg, transfusion-related infection, allergic reaction) and benefits (eg, "a meaningful recovery") of any medical intervention should always be discussed with the patient or the patient’s health care proxy. However, this patient has already communicated her decision to her health care proxy to decline more blood transfusions, which takes precedence.

Educational objective:

A health care proxy is a person legally designated to make medical decisions if the patient loses decision-making capacity. The health care proxy has more authority than all other surrogate decision makers and is expected to act in accordance with the best estimate of what the patient would have chosen.

References

- [Advance care planning: contemporary issues and future directions.](#)

respect the patient's individual, informed decisions.

In the Exhibit Display

Hierarchy of substitute decision makers*		
<div>Highest authority</div> <div></div> <div>Lowest authority</div>	Patient-designated proxy (eg, durable power of attorney)	
	Court-appointed guardian**	
	Next of kin (default surrogate)	Spouse/partner
		Adult children
		Parents
		Adult siblings
		Other adult relatives
		Unrelated friends

*Decisions guided by substituted judgment standard (ie, what the patient would have chosen).
**Usually appointed only if the patient is not competent to designate a proxy.



A 45-year-old woman comes to the office for a routine follow-up. The patient feels well overall but mentions that climbing the last flight of stairs to her 3rd-floor apartment has become harder. She says, "Sometimes I have to stop at the landing to catch my breath." Medical history includes cocaine use disorder in remission for the past 4 years; it is otherwise unremarkable. The patient does not use alcohol or illicit drugs. She has a 25-pack-year smoking history and has been counseled to quit smoking in the past. The patient says, "I've tried to quit several times. I can cut down to a few cigarettes or half a pack for a day or two, but then it's just too difficult." Which of the following is the most appropriate response by the physician regarding this patient's smoking?

- ☐ A. "I'm concerned that continuing to smoke is contributing to your breathing problems."
- ☐ B. "Quitting on your own is difficult and medication can help. Would you consider this?"
- ☐ C. "Since you stopped using cocaine, I'm hopeful that you can eventually stop smoking cigarettes."
- ☐ D. "Stopping smoking will likely improve your breathing and decrease your risk for other conditions."
- ☐ E. "You were successful in stopping cocaine. How might your experience help you to quit smoking?"



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- A. "I'm concerned that continuing to smoke is contributing to your breathing problems." (2%)
- ✗

●

B. "Quitting on your own is difficult and medication can help. Would you consider this?" (25%)
- C. "Since you stopped using cocaine, I'm hopeful that you can eventually stop smoking cigarettes." (1%)
- D. "Stopping smoking will likely improve your breathing and decrease your risk for other conditions." (2%)
- ✓

○

E. "You were successful in stopping cocaine. How might your experience help you to quit smoking?" (68%)

Incorrect

Correct answer
E

68%

Answered correctly

03 secs

Time Spent

2023

Version

Explanation

Motivational interviewing	
Indications	<ul style="list-style-type: none">Substance use disordersOther behaviors in patients who are not ready to change

Motivational interviewing	
Indications	<ul style="list-style-type: none">Substance use disordersOther behaviors in patients who are not ready to change
Principles	<ul style="list-style-type: none">Acknowledge resistance to changeAddress discrepancies between behavior & long-term goalsEnhance motivation to change (support self-efficacy)Remain nonjudgmental
Technique (OARS)	<ul style="list-style-type: none">Ask Open-ended questions (encourage further discussion)Give AffirmationsReflect & Summarize main points

This patient is struggling to quit smoking and is discouraged by repeated failures. Rather than repeat the health risks of smoking or prematurely focus on treatment, the physician can be more productive by using motivational interviewing to build and support the patient's motivation to change. **Motivational interviewing** is a patient-centered approach that invites collaboration, helps **develop internal motivation** to change, and enhances the patient's sense of optimism, self-confidence, and self-efficacy in reaching goals.

The physician's most appropriate response is to support the patient's sense of **self-efficacy** by helping her reflect on her **past success** and apply it to her current difficulties. By reviewing successful methods that enabled the patient to stop using cocaine, the physician can build the patient's internal motivation and belief that she can change her smoking habits as well.

(Choices A and D) This patient has been counseled about smoking and has tried to quit several times. She is likely aware that stopping smoking will improve her breathing and overall health. Rather than express concern and repeat the risks of smoking, the physician would be more effective by eliciting the patient's perspective and exploring her concerns about the effects of smoking on her breathing.

This patient is struggling to quit smoking and is discouraged by repeated failures. Rather than repeat the health risks of smoking or prematurely focus on treatment, the physician can be more productive by using motivational interviewing to build and support the patient's motivation to change. **Motivational interviewing** is a patient-centered approach that invites collaboration, helps **develop internal motivation** to change, and enhances the patient's sense of optimism, self-confidence, and self-efficacy in reaching goals.

The physician's most appropriate response is to support the patient's sense of **self-efficacy** by helping her reflect on her **past success** and apply it to her current difficulties. By reviewing successful methods that enabled the patient to stop using cocaine, the physician can build the patient's internal motivation and belief that she can change her smoking habits as well.

(Choices A and D) This patient has been counseled about smoking and has tried to quit several times. She is likely aware that stopping smoking will improve her breathing and overall health. Rather than express concern and repeat the risks of smoking, the physician would be more effective by eliciting the patient's perspective and exploring her concerns about the effects of smoking on her breathing.

(Choice B) Although this statement is empathic, it prematurely focuses on treatment without attempting to elicit the patient's strengths and build her intrinsic motivation.

(Choice C) This statement is supportive and optimistic but reflects the physician's confidence, not the patient's. It does not help develop the patient's sense of self-efficacy.

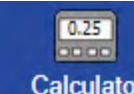
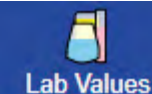
Educational objective:
Motivational interviewing supports and develops patients' sense of self-efficacy in making behavioral changes. Eliciting patients' strengths and focusing on past successes can help build patients' internal motivation and confidence in their ability to make changes.



A 3-year-old boy is brought to the emergency department due to a fever and stiff neck. The child is hospitalized with a diagnosis of bacterial meningitis and begins treatment with intravenous antibiotics. On day 2 of hospitalization, the mother requests to take the child home and explains that she intends to treat him with homeopathic remedies. She has 4 other children at home who have "never needed vaccinations or medications" and are "strong and healthy." The physician explains the risks of meningitis, including brain damage and death. After a long discussion, the mother says that she understands the risks but believes that homeopathic remedies will be adequate for treatment and remains unconvinced of the need for hospitalization. Which of the following is the most appropriate course of action?




- ☐ A. Arrange for a psychiatric evaluation to assess the mother's decision-making capacity
- ☐ B. Arrange for a visiting nurse to administer intravenous antibiotics at home
- ☐ C. Contact child protective services while continuing intravenous antibiotics
- ☐ D. Discharge against medical advice with instructions to return if the child's condition deteriorates
- ☐ E. Discharge the patient on oral antibiotics with daily in-home check ups





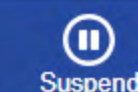
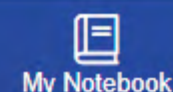
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- ☐ A. Arrange for a psychiatric evaluation to assess the mother's decision-making capacity (0%)
- ✗ ☒ B. Arrange for a visiting nurse to administer intravenous antibiotics at home (4%)
- ✓ ☐ C. Contact child protective services while continuing intravenous antibiotics (62%)
- ☐ D. Discharge against medical advice with instructions to return if the child's condition deteriorates (28%)
- ☐ E. Discharge the patient on oral antibiotics with daily in-home check ups (3%)

IncorrectCorrect answer
C 62%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

Untreated bacterial meningitis is a medically dangerous and potentially lethal condition. This mother's decision to take her child home and discontinue intravenous (IV) antibiotics after only 2 days places the child and his siblings at **significant risk of serious harm and death**. When efforts to resolve the situation are unsuccessful, physicians have an **ethical duty** to advocate for the best interests of the child and **challenge parental authority** to make



Untreated bacterial meningitis is a medically dangerous and potentially lethal condition. This mother's decision to take her child home and discontinue intravenous (IV) antibiotics after only 2 days places the child and his siblings at **significant risk of serious harm and death**. When efforts to resolve the situation are unsuccessful, physicians have an **ethical duty** to advocate for the best interests of the child and **challenge parental authority** to make medical decisions for the child. In such cases, involvement of a state **child protection agency** becomes necessary.

Whenever possible, efforts should first be made to collaborate with the parents with the goal of reaching a mutually agreed upon treatment plan and safe outcome for the child. Physicians should counsel and educate the parents to address any misconceptions about the illness and treatment. It also may be helpful to consult with the ethics committee who can provide input on ethical issues as well as mediate further discussion.

(Choice A) There is no indication that the mother lacks **decision-making capacity**. She understands the risks of stopping treatment and provides a rationale for her decision. However, in this case, the best interest of the child becomes the overriding focus, rather than the mother's right to make autonomous decisions. The physician must act to protect the child's life despite parental wishes.

(Choices B and E) Children with bacterial meningitis are at high risk for complications (eg, increased intracranial pressure, seizures) during the first few days of treatment and require hospital-level care for treatment and monitoring of complications, which cannot be safely done in the home setting. Oral antibiotics do not adequately penetrate the cerebrospinal fluid and are not a substitute for IV antibiotics. In addition, the mother has stated her intention to pursue homeopathic treatment and has not agreed to comply with either oral or IV antibiotics.

(Choice D) Discharge against medical advice is inappropriate when there is significant risk of serious harm and death to a child. If it was the mother's own treatment at issue, then she could reasonably be discharged against medical advice.

Educational objective:

It is a physician's duty to advocate for the best interests of a child. When a child is at significant risk of harm,



have an **ethical duty** to advocate for the best interests of the child and **challenge parental authority** to make medical decisions for the child. In such cases, involvement of a state **child protection agency** becomes necessary.

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(Choices B and E) Children with bacterial meningitis are at high risk for complications (eg, increased intracranial pressure, seizures) during the first few days of treatment and require hospital-level care for treatment and monitoring of complications, which cannot be safely done in the home setting. Oral antibiotics do not adequately penetrate the cerebrospinal fluid and are not a substitute for IV antibiotics. In addition, the mother has stated her intention to pursue homeopathic treatment and has not agreed to comply with either oral or IV antibiotics.

(Choice D) Discharge against medical advice is inappropriate when there is significant risk of serious harm and death to a child. If it was the mother's own treatment at issue, then she could reasonably be discharged against medical advice.

Educational objective:

It is a physician's duty to advocate for the best interests of a child. When a child is at significant risk of harm, parental authority to make medical decisions can be challenged. In cases where educational and collaborative efforts fail, protective services should be contacted.



have an **ethical duty** to advocate for the best interests of the child and **challenge parental authority** to make

Exhibit Display

Assessment of decision-making capacity	
Criterion	Patient task
Communicates a choice	Patient able to clearly indicate preferred treatment option
Understands information provided	Patient understands condition & treatment options
Appreciates consequences	Patient acknowledges having condition & likely consequences of treatment options, including no treatment
Rationale given for decision	Patient able to weigh risks & benefits & offer reasons for decision

New

Existing

My Notebook

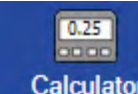
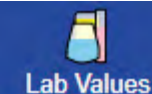
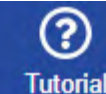


A 63-year-old man with a 30-pack-year smoking history is admitted to the hospital for evaluation of hemoptysis. Imaging studies reveal a right lung mass with features suggesting possible malignancy. On day 2 of hospitalization, he undergoes biopsy of the mass. The biopsy confirms the diagnosis of non–small cell lung cancer. However, staging studies have not yet been completed. As the physician enters the patient's room after reviewing the biopsy results, the patient asks about the biopsy results and prognosis. Which of the following is the best way to approach this patient's question?

- ☐ A. Defer discussion of both biopsy results and prognosis and tell him you will discuss them once all studies are completed
- ☐ B. Defer discussion of both biopsy results and prognosis until an oncologist evaluates the patient
- ☐ C. Discuss the biopsy results along with an optimistic assessment of prognosis until an unfavorable prognosis is confirmed with staging studies
- ☐ D. Discuss the biopsy results with the patient, but defer discussion of prognosis until staging results are available

Submit







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
- ☐ A. Defer discussion of both biopsy results and prognosis and tell him you will discuss them once all studies are completed (12%)
- ☒ B. Defer discussion of both biopsy results and prognosis until an oncologist evaluates the patient (2%)
- ☐ C. Discuss the biopsy results along with an optimistic assessment of prognosis until an unfavorable prognosis is confirmed with staging studies (4%)
- ☒ D. Discuss the biopsy results with the patient, but defer discussion of prognosis until staging results are available (79%)

Incorrect

Correct answer
D

 79%
Answered correctly

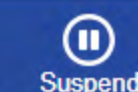
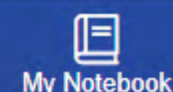
 03 secs
Time Spent

 2023
Version

Explanation

This patient has biopsy-confirmed **non–small cell lung cancer** (NSCLC). However, the prognosis (ie, likely course or outcome of disease) cannot be determined because **prognosis** in NSCLC is heavily **dependent on disease stage**, and the necessary staging studies (eg, CT scan of the abdomen) have not yet been completed.

At this time, the physician should **discuss all available information** with the patient. Even though prognostic



This patient has biopsy-confirmed **non–small cell lung cancer** (NSCLC). However, the prognosis (ie, likely course or outcome of disease) cannot be determined because **prognosis** in NSCLC is heavily **dependent on disease stage**, and the necessary staging studies (eg, CT scan of the abdomen) have not yet been completed.

At this time, the physician should **discuss all available information** with the patient. Even though prognostic information is not yet available, the physician should not withhold diagnostic information, especially when the patient makes a **direct inquiry**. Because prognosis is uncertain and possibly unfavorable, the physician should take a sensitive, patient-centered approach to avoid conveying either a sense of false hope (**Choice C**) or needless hopelessness. The physician should also discuss the plan for completing the staging evaluation and the expected timing for informing the patient of results.

(Choice A) Although deferring discussion of prognosis is appropriate because staging studies have not been completed, the physician should inform the patient of his biopsy results because that information is available and the patient desires to know.

(Choice B) Deferring certain details of the discussion to the oncologist (eg, specific treatment regimen) is appropriate; however, the physician in charge of the patient's care should answer the patient's question and provide all the information that is currently available.

Educational objective:

The physician should inform the patient about all relevant information, particularly when specifically asked by the patient. If only partial information is available, the physician should provide the information available at the time, along with a discussion of when the remaining information will be available.



A 46-year-old woman is hospitalized due to severe depression and fatigue. She has no other medical problems. Routine laboratory tests are ordered and the patient is started on antidepressant medication. After a week, her depression improves slightly and she is discharged home to continue with outpatient care. However, the patient remains severely fatigued and is unable to return to her job, forcing her to take a leave of absence. At her follow-up appointment 2 weeks later, review of the hospital record by the outpatient physician reveals a TSH level of 15.2 $\mu\text{U/mL}$ that was never addressed by the inpatient physician. Subsequent evaluation and treatment with thyroid hormone result in rapid improvement of her depression and fatigue. Which of the following is the appropriate categorization for this type of medical error?

- ☐ A. Malpractice
- ☐ B. Near miss
- ☐ C. Non-preventable adverse event
- ☐ D. Preventable adverse event
- ☐ E. Sentinel event

Submit





Previous



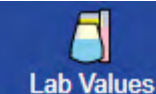
Next



Full Screen



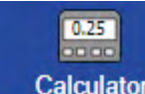
Tutorial



Lab Values



Notes



Calculator



Reverse Color






Text Zoom



Settings

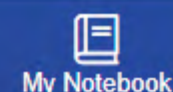
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- ☐ A. Malpractice (18%)
- ☒ B. Near miss (13%)
- ☐ C. Non-preventable adverse event (0%)
- ☒ D. Preventable adverse event (61%)
- ☐ E. Sentinel event (6%)

IncorrectCorrect answer
D 61%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

Hypothyroidism is a known cause of depression and is routinely screened for with a TSH level. This patient's elevated level (normal: 0.5-5.0 $\mu\text{U/mL}$) should have been detected during hospitalization and prompted further workup. The inpatient physician's failure to note and address the abnormality is a **preventable medical error** that resulted in **delayed diagnosis**. Preventable medical errors involve harm to the patient by an **act of commission**.



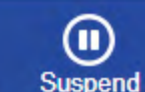
My Notebook



Flashcards



Feedback



Suspend



End Block



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(Choice A) Malpractice is a legal determination; it involves situations in which the treatment provided is below the accepted standard of practice and has resulted in injury or death to the patient. It is not a category of medical error but rather refers to the consequence of many different types of errors that result in harm.

(Choice B) A near miss is a medical error that is recognized before any harm is done to the patient (eg, a patient is prescribed a lethal dose of medication, but the error is caught by the pharmacist). In contrast, the patient in this case has been harmed by the delay in appropriate diagnosis and treatment.

(Choice C) This error would have been prevented if the physician had adhered to the standard of care. A non-preventable adverse event is a complication that cannot be prevented given the current state of medical knowledge (eg, an allergic reaction to a medication in a patient with no known history of drug allergies).

(Choice E) A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury (eg, inpatient suicide, death of a full-term infant, retained object after surgery) that requires immediate investigation.

Educational objective:

A preventable adverse event is defined as injury to a patient due to failure to follow evidence-based best practice guidelines.

References

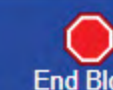
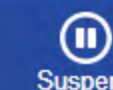
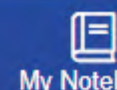
- [Reducing medical errors and adverse events.](#)





A 40-year-old unemployed man with chronic back pain comes to the office for an appointment with a new physician. The patient injured his back in a work accident years ago and has not worked since. He uses marijuana daily to "ease the pain" and admits that a portion of his income goes toward its purchase. The patient says that nothing has changed and asks the physician to sign a disability form so he can continue to collect disability benefits. When the physician asks about his disability and previous treatment, he replies angrily, "I wouldn't be here re-applying for disability if anything had worked" and slams the disability form down on the table. Review of his medical records indicates a normal MRI one year earlier and inconsistent adherence with physical rehabilitation appointments. The patient walks normally with no apparent discomfort or limitations. Which of the following is the most appropriate response by the physician?

- ☐ A. "I am unable to sign the form due to my concern about your drug use."
- ☐ B. "I am unable to sign the form due to my concern about inappropriate use of disability benefits."
- ☐ C. "I can see you are suffering from a painful condition and will sign the form."
- ☐ D. "I can sign the form because I see that you were previously approved and nothing has changed."
- ☐ E. "I cannot consider your request until you are able to control your anger."
- ☐ F. "I cannot sign the form without further history and assessment."

Submit

A 40-year-old unemployed man with chronic back pain comes to the office for an appointment with a new physician. The patient injured his back in a work accident years ago and has not worked since. He uses marijuana daily to "ease the pain" and admits that a portion of his income goes toward its purchase. The patient says that nothing has changed and asks the physician to sign a disability form so he can continue to collect disability benefits. When the physician asks about his disability and previous treatment, he replies angrily, "I wouldn't be here re-applying for disability if anything had worked" and slams the disability form down on the table. Review of his medical records indicates a normal MRI one year earlier and inconsistent adherence with physical rehabilitation appointments. The patient walks normally with no apparent discomfort or limitations. Which of the following is the most appropriate response by the physician?

- ✖

✔

A. "I am unable to sign the form due to my concern about your drug use." (2%)

B. "I am unable to sign the form due to my concern about inappropriate use of disability benefits." (6%)

C. "I can see you are suffering from a painful condition and will sign the form." (0%)

D. "I can sign the form because I see that you were previously approved and nothing has changed." (0%)

E. "I cannot consider your request until you are able to control your anger." (1%)

F. "I cannot sign the form without further history and assessment." (89%)

Incorrect

Correct answer
F

89%

Answered correctly

04 secs

Time Spent

2023

Version

Explanation

In the United States, disability is a form of insurance that is administered by private insurance carriers or by the

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My Notebook

Flashcards

Feedback

Suspend

End Block

In the United States, disability is a form of insurance that is administered by private insurance carriers or by the Social Security Administration. It provides financial assistance to workers who are unable to continue working due to a medical or psychiatric condition. **Certification of disability** by a physician is usually required by these entities before the benefit is granted.

This patient's demand that the physician sign a disability form presents a difficult situation. Pain is highly subjective and, at this point in the interaction, the physician knows very little about this patient. **Possibilities include malingering** or exaggeration of extent of disability to obtain benefits, **inadequately treated** pain, or chronic pain resulting in **legitimate disability**. This patient may also have had negative interactions with health care providers or a psychiatric condition that contributes to his angry, demanding behavior. The best approach is to politely but firmly explain that **determining medical disability requires** further **assessment** of his symptoms, physical **examination**, and testing if indicated.

(Choice A) Many individuals with legitimate medical disabilities may use substances; it is not a reason to deny disability benefits.

(Choice B) It is premature to suggest that this patient is attempting to commit fraud without performing an appropriate history and physical examination.

(Choices C and D) It is inappropriate to sign the form at this point in the interview without learning more about the patient and his condition. It is incorrect to assume that the previous disability determination was correct and that nothing has changed.

(Choice E) Unless the patient is abusive or creating an unsafe situation, confronting him directly about his anger is not appropriate and will be unlikely to improve the situation.

Educational objective:

Physicians are frequently asked to evaluate whether a patient is entitled to disability benefits. When interacting with demanding patients, it is best to explain that the physician has a responsibility to perform a thorough

to a medical or psychiatric condition. **Certification of disability** by a physician is usually required by these entities before the benefit is granted.

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Educational objective:
Physicians are frequently asked to evaluate whether a patient is entitled to disability benefits. When interacting with demanding patients, it is best to explain that the physician has a responsibility to perform a thorough assessment prior to making this determination.



A 23-year-old woman at 8 weeks gestation comes to the office for an initial prenatal visit. The patient has no vaginal bleeding or pelvic pain. On examination, areas of bruising in different stages of healing are seen on the chest and abdomen. When asked about the bruises, the patient states that her boyfriend used to hit her during arguments and was initially angry about the pregnancy. Over the past 3 weeks, he has been more supportive, buying prenatal vitamins and offering massages. Ultrasound examination confirms an 8-week intrauterine gestation and normal fetal heart rate. Which of the following is the most appropriate next step in management of this patient?

- ☐ A. Advise the patient to stay with a relative for the duration of the pregnancy
- ☐ B. Provide information about a domestic violence program
- ☐ C. Recommend the patient file a restraining order against her boyfriend
- ☐ D. Refer the patient and her boyfriend to couples' counseling
- ☐ E. Suggest the patient bring her boyfriend to the next appointment

Submit



A 23-year-old woman at 8 weeks gestation comes to the office for an initial prenatal visit. The patient has no vaginal bleeding or pelvic pain. On examination, areas of bruising in different stages of healing are seen on the chest and abdomen. When asked about the bruises, the patient states that her boyfriend used to hit her during arguments and was initially angry about the pregnancy. Over the past 3 weeks, he has been more supportive, buying prenatal vitamins and offering massages. Ultrasound examination confirms an 8-week intrauterine gestation and normal fetal heart rate. Which of the following is the most appropriate next step in management of this patient?

- A. Advise the patient to stay with a relative for the duration of the pregnancy (15%)

✓

B. Provide information about a domestic violence program (76%)

C. Recommend the patient file a restraining order against her boyfriend (0%)

D. Refer the patient and her boyfriend to couples' counseling (1%)

E. Suggest the patient bring her boyfriend to the next appointment (6%)

Correct

76%
Answered correctly

03 secs
Time Spent

2023
Version

Explanation

Intimate partner violence	
Evaluation	<ul style="list-style-type: none">• Routine annual examination• Suspicious signs/symptoms (eg, bruising)• Prenatal visits

Intimate partner violence	
Evaluation	<ul style="list-style-type: none">• Routine annual examination• Suspicious signs/symptoms (eg, bruising)• Prenatal visits
Consequences	<ul style="list-style-type: none">• Homicide• Mental health disorders (eg, PTSD)• Unintended pregnancy• Pregnancy complications (eg, abruptio placentae)• Sexually transmitted infections
Management	<ul style="list-style-type: none">• Safety planning (eg, local shelter referral)• Psychosocial counseling
PTSD = posttraumatic stress disorder.	

This patient at 8 weeks gestation with bruising is affected by **intimate partner violence** (IPV), which is any type of physical, psychologic, or sexual harm committed by a partner or spouse. During **pregnancy and postpartum**, patients and their partners experience marked increases in emotional, physical, and financial stressors. Initially, partners may be angry about the pregnancy but can later become supportive and exhibit gentler behavior. However, as pressure and responsibility increase, the partner may begin to blame the patient and pregnancy.

These factors can cause an increase in IPV during pregnancy, particularly in patients who experienced IPV prepregnancy. Because physical violence is typically directed at both the patient and the fetus (eg, hitting the pregnant abdomen), pregnant women are at significant risk for **maternal morbidity** (eg, injury, depression), homicide, and **pregnancy complications** (eg, preterm labor, abruptio placentae) due to abdominal trauma.

Therefore, screening for IPV is required at the initial prenatal visit, during each trimester, and postpartum. Patients

partners may be angry about the pregnancy but can later become supportive and exhibit gentler behavior.

However, as pressure and responsibility increase, the partner may begin to blame the patient and pregnancy.

These factors can cause an increase in IPV during pregnancy, particularly in patients who experienced IPV pre-pregnancy. Because physical violence is typically directed at both the patient and the fetus (eg, hitting the pregnant abdomen), pregnant women are at significant risk for **maternal morbidity** (eg, injury, depression), homicide, and **pregnancy complications** (eg, preterm labor, abruptio placentae) due to abdominal trauma.

Therefore, screening for IPV is required at the initial prenatal visit, during each trimester, and postpartum. Patients who screen positive should be **assessed for immediate safety** and given additional resources (eg, information about a **domestic violence program**) for long-term safety planning (eg, housing, childcare, finances). In some jurisdictions, there may also be mandatory reporting requirements for IPV during pregnancy.

(Choice A) Advising the patient to stay with a relative for the duration of the pregnancy is not recommended because the provider cannot predict the partner's response (eg, potential increase in violence) or new safety concerns that may arise if the patient abruptly relocates.

(Choice C) Recommending the patient file a restraining order against her boyfriend is inappropriate; the duty of the provider is to assess for imminent risk and provide medical and psychosocial resources, not to offer legal advice. In addition, a restraining order may cause the partner to retaliate.

(Choices D and E) Referring the patient and her boyfriend to couples' therapy or recommending that the patient bring her boyfriend to the next prenatal appointment is inappropriate because confrontation or involvement of the partner at this time could endanger both the patient and the provider.

Educational objective:

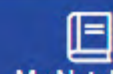
Intimate partner violence (IPV) increases during pregnancy and the postpartum period and can cause significant maternal and pregnancy complications. Pregnant patients affected by IPV require immediate safety planning (eg, information about a domestic violence program) and resources for long-term planning.

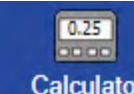
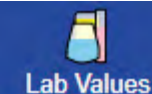
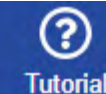
References



A 64-year-old man comes to the office for follow-up after a myocardial infarction 6 months ago. The patient's condition has slowly improved, although his clinical course was complicated by a pulmonary embolus and urinary tract infection. During the appointment, the patient gives the physician homemade cookies and a thank-you card containing 4 tickets to a professional basketball game. He says, "I would like to thank you for everything that you've done. Please accept these tickets and enjoy the game." He tells the physician not to worry about the expense, saying, "I get season tickets every year but haven't felt well enough to make it to the games. You have been such a wonderful doctor, and I wanted to give you something to express my gratitude." Which of the following statements is the most appropriate?

- ☐ A. "Thank you, but I cannot accept any of these gifts from you; it's enough for me to see that you've been sticking with the treatment plan and getting better."
- ☐ B. "Thank you for the card and cookies; unfortunately, the tickets are so valuable that my acceptance of them as your physician could affect our relationship."
- ☐ C. "Thank you for the kind gesture, but I cannot accept any of these gifts; please know that it would be unethical for me to do so."
- ☐ D. "Thank you for these gifts, but I can accept them only if you understand that this will not change our relationship or the care that I provide you."
- ☐ E. "Thank you very much for the cookies and tickets; I will share these with my staff because they are part of your treatment team as well."








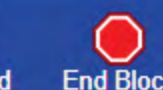
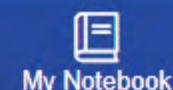
A 64-year-old man comes to the office for follow-up after a myocardial infarction 6 months ago. The patient's condition has slowly improved, although his clinical course was complicated by a pulmonary embolus and urinary tract infection. During the appointment, the patient gives the physician homemade cookies and a thank-you card containing 4 tickets to a professional basketball game. He says, "I would like to thank you for everything that you've done. Please accept these tickets and enjoy the game." He tells the physician not to worry about the expense, saying, "I get season tickets every year but haven't felt well enough to make it to the games. You have been such a wonderful doctor, and I wanted to give you something to express my gratitude." Which of the following statements is the most appropriate?

- ☐ A. "Thank you, but I cannot accept any of these gifts from you; it's enough for me to see that you've been sticking with the treatment plan and getting better." (27%)
- ✓ ☒ B. "Thank you for the card and cookies; unfortunately, the tickets are so valuable that my acceptance of them as your physician could affect our relationship." (41%)
- ☐ C. "Thank you for the kind gesture, but I cannot accept any of these gifts; please know that it would be unethical for me to do so." (19%)
- ☐ D. "Thank you for these gifts, but I can accept them only if you understand that this will not change our relationship or the care that I provide you." (4%)
- ☐ E. "Thank you very much for the cookies and tickets; I will share these with my staff because they are part of your treatment team as well." (6%)

Correct

 41%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation





Although gift giving as an expression of gratitude is common in many cultures, accepting gifts from patients can raise complex issues in the physician-patient relationship. From an ethical standpoint, **expensive gifts may influence or appear to influence** the physician's **professional judgment** (eg, gift is given or perceived to be given in expectation of preferential treatment and/or impacts the physician's adherence to the standard of care). The consensus and professional standard are that it is **unethical to accept gifts of significant monetary value**. Some medical offices and hospitals implement a no-gift rule to keep things simple while others implement a dollar-amount rule.

Declining a valuable gift should be done with care to protect the patient's feelings and avoid damaging the physician-patient relationship. The physician should **acknowledge** the patient's generosity and thoughtfulness behind the gift, **explain why the gift cannot be accepted** (eg, personal, practice, or hospital policy), and assure the patient that this does not in any way change the care provided. Accepting gifts of low monetary value given as a token of appreciation or cultural tradition and that are not intended to influence care is generally considered appropriate (eg, homemade, small gifts that are clearly inexpensive). In this situation, it would be appropriate to accept the cookies and card but decline the expensive tickets with an explanation.

(Choices A and C) Accepting low monetary value gifts is not unethical, and the physician should accept the cookies and thank-you card to be sensitive to the patient's feelings. Rejecting this low monetary value, homemade gift could be perceived as rude or hurtful, potentially damaging the physician-patient relationship.

(Choice D) It is inappropriate to accept an expensive gift on a conditional basis.

(Choice E) It is ethically problematic to accept the expensive tickets, even with the intention of sharing them with the office staff. The patient may feel obligated to provide gifts to the office staff, and the staff may feel compelled to provide preferential treatment to the patient.

Educational objective:

It is ethically problematic for physicians to accept expensive gifts as they may influence or appear to influence professional judgment. These gifts should be declined after expressing appreciation for the gesture.





An 18-year-old man comes to the office for a follow-up visit. He was seen in the emergency department 3 months ago because of panic attacks related to cocaine use. The patient subsequently stopped using cocaine and has had no recurrent anxiety symptoms. He graduated from high school, started a new job, and has been considering applying to community college. At today's visit, the patient reports that he used cocaine at a friend's house this past weekend. He says, "I really messed up. I feel like a failure." The patient has no history of illness. He is in no physical discomfort. Which of the following is the most appropriate statement by the physician at this time?

- ☐ A. "Do you think using cocaine again could have a negative impact on your job and going to college?"
- ☐ B. "It's hard to quit. Let's go over the health effects of cocaine to help motivate you to stay sober."
- ☐ C. "Quitting is difficult, so don't be so hard on yourself. Let's move forward from here."
- ☐ D. "Socializing with your friend probably contributed to your relapse. Let's look at strategies to deal with peer pressure."
- ☐ E. "You've been making real progress in quitting. What can we learn from this temporary setback?"

Submit

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- ☐

A. "Do you think using cocaine again could have a negative impact on your job and going to college?"

(1%)
- ☒

B. "It's hard to quit. Let's go over the health effects of cocaine to help motivate you to stay sober."

(2%)
- ☐

C. "Quitting is difficult, so don't be so hard on yourself. Let's move forward from here."

(25%)
- ☐

D. "Socializing with your friend probably contributed to your relapse. Let's look at strategies to deal with peer pressure."

(1%)
- ☒

E. "You've been making real progress in quitting. What can we learn from this temporary setback?"

(68%)

Incorrect

Correct answer
E

68%

Answered correctly

03 secs

Time Spent

2023

Version

Explanation

Motivational interviewing	
	<ul style="list-style-type: none">Substance use disorders

Motivational interviewing	
Indications	<ul style="list-style-type: none">• Substance use disorders• Other behaviors in patients who are not ready to change
Principles	<ul style="list-style-type: none">• Acknowledge resistance to change• Address discrepancies between behavior & long-term goals• Enhance motivation to change (support self-efficacy)• Remain nonjudgmental
Technique (OARS)	<ul style="list-style-type: none">• Ask Open-ended questions (encourage further discussion)• Give Affirmations• Reflect & Summarize main points

This patient says he feels "like a failure" because he used cocaine again following a 3-month period of abstinence. Focusing on the negative consequences of cocaine use (which the patient is already aware of) may be perceived as shaming and judgmental. The best approach is to help the patient feel understood by acknowledging his feelings of disappointment but **reframing** his relapse as a **temporary setback** he can surmount.

Principles of **motivational interviewing** can be used to help this patient get back on track and strengthen his belief that he can keep making progress. Motivational interviewing is a **nonjudgmental, collaborative**, patient-centered approach that **enhances** the patient's sense of self-confidence and **self-efficacy**. By emphasizing the patient's past success in maintaining abstinence for a period of time, the physician supports the patient's belief in his ability to learn from this setback and make changes. Open-ended discussion of what contributed to using cocaine again from the patient's perspective can then be used to guide the patient to make a specific plan to achieve and implement change.

(Choice A) This question has a judgmental tone and fails to acknowledge how the patient feels. It also assumes the patient will keep using and prematurely focuses on possible negative consequences of continued use.



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(Choice A) This question has a judgmental tone and fails to acknowledge how the patient feels. It also assumes the patient will keep using and prematurely focuses on possible negative consequences of continued use.

(Choice B) This approach also focuses on reiterating the negative health effects of cocaine rather than addressing the patient's loss of confidence in his ability to make changes. Focusing on his strengths rather than on negative consequences is more likely to build internal motivation.

(Choice C) Although this statement seems supportive, it discourages self-reflection and does not help build the patient's sense of self-efficacy.

(Choice D) Rather than first exploring the patient's own thoughts about his relapse, this approach is assumptive and reflects a desire to control the agenda while rushing to a premature solution. Such a statement misses the opportunity to elicit the patient's perspective and help build his confidence in his own ability to make changes.

Educational objective:

Principles of motivational interviewing can be used in the treatment of substance use disorders to guide responses to patients who relapse. This technique helps build patients' sense of self-efficacy by emphasizing their past successes in maintaining abstinence and by supporting patients' belief in their ability to make changes.



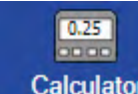
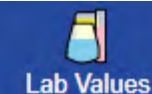
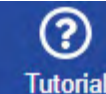
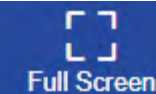


A primary care physician is invited to give a presentation to a local employer. He is a member of a large multi-specialty medical group, which he joined less than a year ago after completing residency. During the presentation, the physician discusses the various medical specialties available within the group, as well as the range of ancillary services the group offers at its facilities. In the ensuing discussion, the physician learns that the employer has been facing financial difficulties. The employer wishes to continue offering health care coverage to its employees but needs to reduce expenditures. As a result, the employer would like to negotiate a contract in which the medical group would provide care to all the company's employees in exchange for a set monthly fee per employee. Which of the following payment methods best describes this type of health care financing arrangement?

- ☐ A. Capitation
- ☐ B. Discounted fee-for-service
- ☐ C. Global payment
- ☐ D. Patient-centered medical home
- ☐ E. Point-of-service




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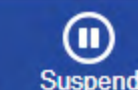
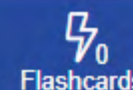
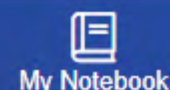
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- ✓ ☐ A. Capitation (53%)
- ✗ ☒ B. Discounted fee-for-service (14%)
- ☐ C. Global payment (20%)
- ☐ D. Patient-centered medical home (1%)
- ☐ E. Point-of-service (9%)

IncorrectCorrect answer
A 53%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

An arrangement in which a payor (individual, employer, or government entity) pays a **fixed, predetermined fee** per patient to cover all required medical services is termed capitation. **Capitation** is the payment structure underlying **health maintenance organization** (HMO) provider networks. Under capitation, there is an incentive for the provider and patient to reduce expenses, usually by restricting patients to a limited panel of providers within the





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Capitation payments are often made to a private insurance company, which then negotiates with individual physicians or physician networks to provide care. Alternately, a very large physician group (including primary and specialty physicians) may contract directly with employers to provide capitated care for their employees.

(Choice B) Discounted fee-for-service is a payment arrangement in which an insurer pays a provider for each individual service provided at a pre-arranged, discounted rate. Employers would not generally negotiate a fee-for-service contract directly with a provider.

(Choice C) Global payment is an arrangement in which an insurer pays a provider a single payment to cover all the expenses associated with an incident of care. This is most commonly done for elective surgeries, in which the global payment covers the surgery as well as any pre- and post-operative visits needed.

(Choice D) A patient-centered medical home is a specific model of primary care in which patients have access to a personal physician who coordinates care and sees the patient through all aspects of care, including preventive services and acute and chronic disease management. Payment for these services may be capitated or fee-for-service.

(Choice E) Point-of-service plans require patients to have a primary care provider and obtain referrals for specialty consultations. They differ from HMO plans in that they allow patients to see providers outside the network, albeit at higher out-of-pocket costs (copays and deductibles).

Educational objective:



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Educational objective:

Capitation is an arrangement in which a payor pays a fixed, predetermined fee to provide all the services required by a patient. Payors may negotiate a capitated contract with an insurance company that then pays the providers, or a large medical group may negotiate directly with the payor.



A 25-year-old woman comes to the office to follow up type 1 diabetes mellitus. She takes long- and short- acting insulin with good glycemic control and has no diabetes-related complications. She also has a history of hypothyroidism for which she takes levothyroxine. The patient has been covered under her parent's medical insurance for the last several years, but she recently started working full time for a company that provides a broad variety of employee insurance choices. She requests advice in choosing a health insurance plan. The patient has no disability and says that her main priority is low monthly payments. Which of the following insurance options would be most appropriate for this patient?

- ☐ A. Health maintenance organization
- ☐ B. Medicaid
- ☐ C. Medicare
- ☐ D. Point-of-service plan
- ☐ E. Preferred provider organization

Submit



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- ✓

☐

A. Health maintenance organization (54%)
- ✗

☒

B. Medicaid (7%)
- ☐

C. Medicare (5%)
- ☐

D. Point-of-service plan (19%)
- ☐

E. Preferred provider organization (13%)

Incorrect

Correct answer
A

54%

Answered correctly

03 secs

Time Spent

2023

Version

Explanation

Types of health insurance plans			
	PPO	HMO	POS
Monthly premiums	\$\$\$	\$	\$\$

Types of health insurance plans			
	PPO	HMO	POS
Monthly premiums	\$\$\$	\$	\$\$
Copayments & deductibles	\$\$	\$	Variable
PCP referral required for specialist visits?	No	Yes	Yes
Size of "in network" provider panel	Large	Limited	Limited
May go outside provider network?	Yes	No	Yes*
*Requires additional out-of-pocket cost. HMO = health maintenance organization; PCP = primary care provider; POS = point of service; PPO = preferred provider organization.			

To keep expenditures below the total income from premiums, health insurance plans must limit total expenses (utilization) by enrolled patients. The 2 main strategies include increasing the patient's **share of cost** for the services they receive (eg, copayments, deductibles) and limiting the **range of services** patients may receive. A **health maintenance organization** (HMO) insurance plan has low monthly premiums, low copayments and deductibles, and low total cost for the patient. HMOs reduce utilization by confining patients to a limited panel of providers, requiring referrals from a primary care provider prior to specialist consultations, and denying payment for services that do not meet established evidence-based guidelines.

This patient's chronic conditions require daily medications, regular physician visits, and serial laboratory testing. In addition, diabetes can increase the risk of additional complications, increase utilization, and require specialty consultation. As a result, an HMO plan may provide this patient with the lowest monthly cost as long as she is willing to see only providers within the limited panel approved by the plan.

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(Choice B) Medicaid is a joint federal and state program to cover low-income patients. This patient is unlikely to qualify for Medicaid due to her full-time employment and employer-sponsored health insurance.

(Choice C) Medicare is a federal health insurance program for patients who are age ≥ 65 , disabled, or have end-stage renal disease.

(Choice D) Point-of-service (POS) plans are similar to HMOs in that they require patients to have a primary care provider and obtain referrals for specialty consultations. However, unlike an HMO, patients may also see out-of-network providers. POS plans typically have higher premiums than HMOs and significant costs if patients choose to see out-of-network specialists.

(Choice E) Preferred provider organization (PPO) plans usually offer the most flexible choices for both in-network and out-of-network providers. However, PPOs typically have higher premiums and deductibles than HMO plans.

Educational objective:

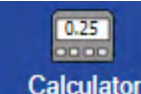
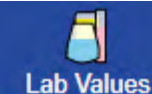
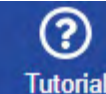
A health maintenance organization (HMO) is an insurance plan with low monthly premiums, low copayments and deductibles, and low total cost for the patient. HMOs reduce utilization by confining patients to a limited panel of providers, requiring referral from a primary care provider prior to specialist consultations, and denying payment for services that do not meet established guidelines.



A 52-year-old man diagnosed with advanced pancreatic cancer comes to the oncologist for follow-up. His cancer is unresectable, and he has been receiving palliative treatment for the past 3 months. The patient has had multiple previous discussions about his prognosis. He has lost 22.6 kg (50 lb) and now feels too weak to play with his children. During the visit, he says, "I am a survivor and know I can beat this. I'm going to do whatever I can to be around for my kids." Which of the following is the most appropriate response to this patient at this time?

- ☐ A. "I think it's important for you to know that your symptoms will likely worsen, but we will make sure you are as comfortable as possible."
- ☐ B. "I'm glad you are able to maintain a positive attitude, but you and your family need to be prepared given your recent decline."
- ☐ C. "Let's hope for the best while also making sure we talk about important decisions for your care if things turn out differently."
- ☐ D. "You've been experiencing more weight loss and fatigue recently, and I want to make sure you understand the severity of that."
- ☐ E. "You've been handling the physical challenges of this illness well but seem to be overlooking the emotional aspects of it."








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- ☐ A. "I think it's important for you to know that your symptoms will likely worsen, but we will make sure you are as comfortable as possible." (6%)
- ☐ B. "I'm glad you are able to maintain a positive attitude, but you and your family need to be prepared given your recent decline." (15%)
- ☒ C. "Let's hope for the best while also making sure we talk about important decisions for your care if things turn out differently." (71%)
- ☐ D. "You've been experiencing more weight loss and fatigue recently, and I want to make sure you understand the severity of that." (6%)
- ☐ E. "You've been handling the physical challenges of this illness well but seem to be overlooking the emotional aspects of it." (0%)

Correct

 71%
Answered correctly 03 secs
Time Spent 2023
Version

Explanation

Five stages of grief: terminal illness



Five stages of grief: terminal illness	
Denial	Denies illness, severity, or prognosis
Anger	Directly expressed or may be displaced onto physician or others
Bargaining	Tries to "strike a bargain" in return for surviving illness
Depression	Becomes sad, detached & hopeless
Acceptance	Comes to terms with impending death, "at peace"

The physician is confronted with a patient who is in **denial** about his **terminal illness** and remains unrealistically hopeful about surviving pancreatic cancer. Patient reactions to terminal illness are variable and mediated by coping style, personality, culture, values, and religious beliefs. Patients may go through 5 stages in coping with terminal illness (denial, anger, bargaining, depression, acceptance). However, patients do not necessarily experience all the stages of grief or in a prescribed sequence.

Hope, even when unrealistic, can be a powerful mechanism to help patients cope with pain, fear of death, and the ordeal of treatment. If the patient's **denial is not interfering** with receiving necessary medical care or discussing his goals regarding end-of-life care, it **should not be confronted**. The physician should be supportive of the patient's hopeful perspective, and at the same time, engage him in discussion regarding important end-of-life care decisions.

(Choices A, B, and D) These responses confront the patient's denial by refuting hope and challenging his self-concept that he is a "survivor" who can beat cancer. They focus on what the physician thinks is important, rather than acknowledging where the patient is emotionally. These statements may be perceived as unsupportive and harsh and have a detrimental effect on the patient's ability to cope with the stress of a terminal illness. If the patient's denial is not interfering with his care, it should not be confronted.

Acceptance

Denial is commonly experienced by patients diagnosed with terminal illness and can help them cope with overwhelming thoughts and feelings. When denial is not interfering with receiving end-of life care or discussing goals of care, it should not be confronted.